American Optometric Association
NEWS™

Read the News blog at newsfromaoa.org

Volume 48 October 5, 2009 No. 5

AOA Third Party Center targets improved eye exam coverage

The new AOA Third Party Center (TPC) has initiated a five-year plan to expand insurance coverage for eye care services and ensure appropriate reimbursement for the optometrists who provide them.

Approved during this year's AOA Spring Planning Conference, the center's new strategic plan will focus on four main activities, according to Mark J. Hennen, O.D., chair of the center's executive committee:

- Establishing eye examinations as a standard benefit in medical plans.
- Seeking inclusion of optometrists as providers under all Employee Retirement Income Security Act (ERISA), medical and vision plans (with the same levels of reimbursement as ophthalmologists).
- Monitoring health care trends (especially those related to the national health care reform initiative), and
- Assisting practicing optometrists in developing

See TPC, page 8

Sarah Marossy, O.D., of Post Falls, Idaho, shows off her littlest patients. Dr. Marossy has seen more than 200 babies as part of the InfantSEE® program. Dr. Marossy works closely with local pediatricians and nurse practitioners to complement their well-child exams. *www.infantsee.org*

2008 PQRI bonus payments, feedback reports expected soon

Medicare Physician Quality Reporting Initiative (PQRI) bonus payments and "feedback reports" are scheduled to be issued during the second half of this month, according to the U.S. Centers for Medicare & Medicaid Services (CMS).

The payments and feedback will reflect performance in PQRI in 2008.

Doctors who earned a bonus payment should receive the payment in the same manner they receive reimbursement from their Medicare contractor for physician services.

This fall some doctors might also receive a long overdue payment for participating in PQRI in 2007.

The CMS identified a technical error that prevented some physicians from properly receiving a bonus payment last year, and decided to "re-run" the 2007 analysis and to make payments to doctors who had not received the bonus they deserved.

The AOA does not know whether any optometrists will benefit from this "re-run."

Instituted by the CMS in 2007 under a congressional mandate, the PQRI is voluntary through 2010.

Doctors can earn a lump sum bonus payment based on their total Medicare allowed charges by reporting specified "quality measures" which signal that the physician is following certain accepted protocols that are supposed to contribute to high quality care.

The CMS provides some additional information in the feedback reports.

Doctors who participated but did not qualify for a bonus often want to check the data CMS recorded on their performance.

See PQRI, page 18

SHAMIR

Autograph®

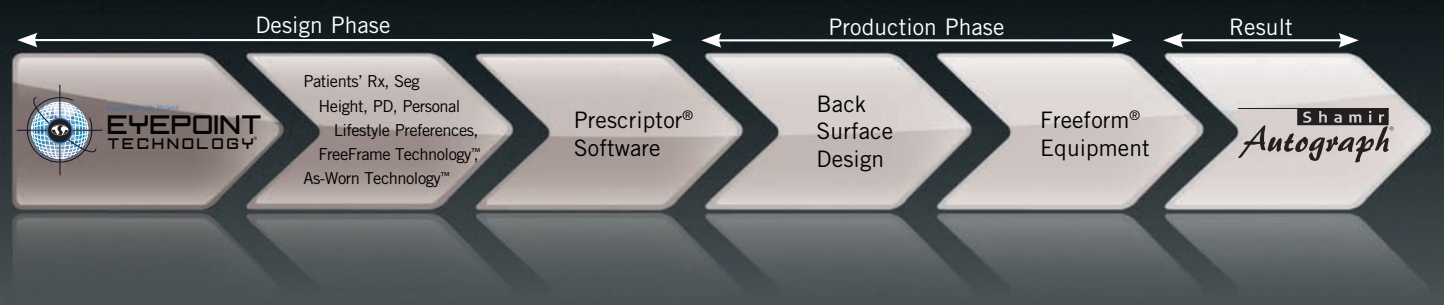
Your Personal Lifestyle Lens™

Shamir Autograph®
progressive lens for patients with any lifestyle wanting the highest level of personalized optics available on the market today. Now patients can enjoy a higher level of optical accuracy and personalization in their Autograph®
the introduction of F
and As-Worn Technology™. With a variable design starting from 11mm and up, no matter what frame shape, the Autograph®
automatically adjust the corridor and reading zone to perfectly match it!

General Purpose, Office, Sport — Accommodating all lifestyle needs.

Whatever the patient'
back surface Autograph®
for their lifestyle. With Shamir Autograph®
future has never looked better.

The Freeform® process



Designed with Shamir EYEPOINT TECHNOLOGY®

SHAMIR Autograph®

SHAMIR element™

SHAMIR CREATION®

SHAMIR PICCOLO®

SHAMIR ATTITUDE®

SHAMIR OFFICE™

Shamir Progressive Lenses - ReCreating Perfect Vision®

shamirlens.com

Shamir

American Optometric Association

243 N. Lindbergh Blvd.
St. Louis MO 63141
(800) 365-2219
www.aoa.org

Staying proactive

Recent statements attributed to the Association of Regulatory Boards of Optometry (ARBO) and the widespread distribution of a letter from an attorney representing the North Carolina State Board of Examiners in Optometry have caused widespread confusion regarding the intent and objectives of American Board of Optometry certification and its relationship to state licensure.

Let's talk about the issues:

Recently, ARBO leadership was described in *Primary Care Optometry News* as having three issues with the memorandum of understanding that was signed by all of the other core organizations that were to form the new American Board of Optometry — the American Academy of Optometry (AAO), the AOA, the American Optometric Student Association (AOSA), and the Association of Schools and Colleges of Optometry (ASCO).

According to the article, ARBO stated the "Memorandum of Understanding was not supposed to be discussed or shared with anyone." Nothing could be further from the truth. The MOU does have a public disclosure clause that requires approval of all of the core organizations for any outside press releases or public communications and nothing prevented communications with an organization's own members.

The MOU was never intended to be secret and in actual fact, it is posted publicly on the ABO's new Web site at: *www.americanboardofoptometry.org.*

ARBO's second objection is described in the article as being that "legal counsel obtained by the AOA developed the MOU as opposed to all ABO members participating in the process." That assertion is also in contrast with the facts. The MOU was discussed by conference call and e-mail communications between all core organizations, including ARBO. All of the other parties (AAO, AOA, AOSA and ASCO) made constructive comments and suggested changes as the MOU was developed. ARBO ultimately declined to sign the document.

It is intended, and the MOU provides, that the ABO will have its own legal counsel.

A third assertion described in the article is that "if requested by a member board, ARBO would be obligated to develop a continued competency program for that board. Because certain aspects of it could overlap with a certification program, it could, in theory, violate the exclusivity and noncompete requirements specified by the MOU."

In actual fact, there is no exclusivity or noncompete clause in the MOU. The MOU does state that there is an obligation for the core organizations to act in the best interests of the ABO.

It appears ARBO wants to keep its options open in developing products for state boards that are beyond licensure and renewal. Clearly board certification (BC) and maintenance of certification (MOC) needs to be a national process, as it is in other doctoral-level prescribing professions. State boards do an admirable job of protecting the public in their role of licensure and renewal of licensure of professionals.

In regard to the letter from the attorney representing the North Carolina State Board of Examiners in Optometry that has been widely disseminated, among its assertions is that the ABO may be usurping the authority of state boards of optometry.

During the development of the model for optometric board certification by the Joint Board Certification Project Team, you may recall that one of the key tenets of the model was that board certification would be separate from state licensure. There are many reasons for this; first among them is the right and proper role of each state board as the licensing body for optometrists in that state.

Secondary, but very important, is the need to ensure that no OD who is a candidate for board certification would be at risk of losing his or her license. Many times throughout the development of the model for optometric board certification it was stated that board certification would be separate from licensure.

As you will recall, ARBO was one of the six organizations that was involved in developing that model and it was invaluable at ensuring the state boards' licensing role was properly secure.

So, it comes as a surprise in some corners of the profession that Board Certification through the American Board of Optometry is viewed as somehow threatening state

See President, page 16

Dr. Brooks

The AOA, on behalf of its members, will be proactive during this time to ensure that licensure and board certification remain distinct and separate.

American Optometric Association News (ISSN: 0094-9620) is published 18 times per year by Elsevier Inc., 360 Park Avenue South, New York, NY 10010. Months of issue are once monthly in January, June, July, August, November, and December and twice monthly in February, March, April, May, September and October. Business Office: 11830 Westline Industrial Drive, St. Louis, MO 63146. Editorial Office: 243 N. Lindbergh Blvd., St. Louis, MO 63141. Accounting and Circulation Offices: 6277 Sea Harbor Drive, Orlando, FL 32887-4800. Domestic subscriptions: $123. International subscriptions: $171. Customer service: 800-654-2452 (US and Canada) or 407-363-9661 (other countries). Periodicals postage paid at New York, NY, and at additional mailing offices. POSTMASTER: Send address changes to American Optometric Association News, Elsevier Periodicals Department, 6277 Sea Harbor Drive, Orlando, FL 32887-4800.

2009 American Eye-Q® survey shows recession cutting into regular visits to health care providers

While the economy begins to show signs of a slow recovery, many consumers continue to struggle with financial challenges, some of which could affect their health.

The fourth annual American Eye-Q® survey released by the AOA this month revealed that 36 percent of Americans say they are limiting their doctor visits because of the recession.

When asked which doctors they are visiting less, the majority indicated dentist (63 percent), followed by primary care physician (59 percent) and eye doctor (52 percent).

"The concept of losing vision appears very concrete to people, which may be why people cut back on other doctor visits first," said Dr. Cockrell. "But doctors of optometry encourage individuals to consider eye and vision care as an integral part of their overall health, so cutting back on any aspect of health care is not a good idea."

Demographics

Regardless of ethnicity, gender or geographic location, the recession appears to be affecting Americans' health care decisions.

According to the 2009 Eye-Q® survey, when it comes to sticking to a regular health schedule during tough financial times, Hispanics are affected the most by the economy.

Only 8 percent indicated that they are sticking to their regular health schedule.

"These statistics are very worrisome," said David Cockrell, O.D., AOA trustee. "We know that many eye and vision problems have no obvious signs or symptoms, so early diagnosis and treatment are critical. This is true beyond just eye care. Health issues of any kind are not things that Americans should ignore."

While the survey did not ask why respondents chose to make specific cutbacks in doctor visits, fear of losing eyesight is likely part of the answer.

For the fourth year in a row, the AOA's American Eye-Q® survey showed that consumers worry most about losing their vision (43 percent), over their memory (32 percent) or even their ability to walk (12 percent).

According to the 2009 Eye-Q® survey, when it comes to sticking to a regular health schedule during tough financial times, Hispanics are affected the most by the economy.

Almost half (49 percent) indicated they are visiting doctors less often, compared with blacks (36 percent) and whites (33 percent).

The survey showed that 63 percent of Hispanics are limiting dentist visits, and 53 percent are cutting back on eye doctor appointments.

"Since Hispanics are at a greater risk for developing eye diseases such as glaucoma, it's important for them to see an eye doctor regularly," said Dr. Cockrell. "Glaucoma cannot be prevented, but if diagnosed and treated early, it can be controlled to prevent or slow continued vision loss."

More women (38 percent) than men (32 percent) said they are limiting doctor visits.

In terms of specific doctors, women (53 percent) are more inclined to cut back on seeing an eye doctor than men (51 percent), which is unfortunate since the survey also indicated more women (52 percent) wear glasses or contact lenses than men.

Women also tend to be more frequent sufferers of dry eye.

The AOA recommends adults age 60 and younger should have a comprehensive eye exam every two years or as recommended by an eye doctor.

Adults older than 60 should have an eye exam annually, according to the AOA recommendations.

Even though doctors of optometry are accessible in almost all parts of the country, almost two-thirds (63 percent) of survey respondents living in rural areas said they have cut visits to their eye doctor.

Only 50 percent of urban and suburban respondents said they are changing their regular eye care schedule.

Dr. Cockrell said putting off doctor visits ultimately can be more expensive and lead to additional health problems.

"The longer patients go between doctor visits, the greater the opportunity for additional health problems that ultimately can be much more expensive than routine checkups and early-stage treatment. That is another reason that identifying health problems in the early stages is ideal," he said.

How the AOA helps

Because vision is an important aspect of overall health, well-being and independence, the AOA has established several programs to help consumers.

Volunteers In Service In Our Nation (VISION USA) provides free basic eye health and vision services to working low-income, uninsured individuals and their families by participating AOA member optometrists who donate their services.

Optometry's Charity™, The AOA Foundation, created InfantSEE®, a no-cost public health program to provide professional eye care for infants nationwide.

Through InfantSEE®, optometrists provide a one-time, comprehensive eye assessment to infants between 6 and 12 months of age, regardless of a parent's ability to pay.

For more about the VISION USA program, call toll-free 800-766-4466 to learn about eligibility requirements.

For more about the InfantSEE® program, visit *www.InfantSEE.org* or call toll-free 888-396-EYES (3937).

Ready for school awareness campaign makes the grade

While the AOA's Ready for School public awareness campaign is winding down for 2009, the preliminary numbers show that the outreach was successful.

The annual campaign encourages parents to have their children's vision checked by an optometrist before the start of the school year.

Several methods were used to communicate the message, including a satellite media tour, news release, and pitch letters to the press.

The campaign officially kicked off on July 29 with a satellite media tour featuring Michael Earley, O.D., and Bill Nye, the Science Guy.

Dr. Earley and Bill Nye did 24 television and four radio interviews. Several additional stations ran a generic version of the interview.

The story was picked up by many Web sites, including posts on *U.S. News and World Report* and MSN Health & Fitness sites.

Several stories were printed in major market newspapers, including the *Arizona Daily Star*. Consumer publications picked the story up as well with a hit in the October issue of *Family Circle*.

Here are the campaign totals:

- Total media stories: 664
- Online: 573
- Print: 13
- TV: 68
- Radio: 10
- Total number of audience impressions: 253,277,706

To help further spread the Ready for School message, the AOA offered a community promotion kit free of charge to AOA members.

This kit was designed to help deliver the Ready for School message to the member's practice and community. Members requested more than 500 kits.

LETTERS

Optimizing visual performance

Dear Editor:

I recently attended the 112th Annual AOA Congress and joined in the celebration of "Optometry's Meeting" at the Gaylord National Resort and Convention Center in National Harbor, Md. – just outside of Washington, DC. The facility was spectacular, and served as a wonderful host for our meeting.

"This is why patients come to us – to see clearly and to function more efficiently to improve their lives."

Although this has always been a political meeting, where the business of our profession was discussed and decided by members of each state association in the AOA House of Delegates, it has increasing become more of an educational meeting.

Generous grants from ophthalmic companies have enabled the AOA Continuing Education Committee to expand the array of courses – hopefully meeting the needs of optometrists, paraoptometric technicians and students.

The latest in specialized testing equipment has been available for viewing in the exhibit hall, and many of the manufacturers offer individual courses and lectures about their products and services.

When I graduated from the Pennsylvania College of Optometry in 1968, the pathology part of our comprehensive optometric evaluation was limited to "detect, observe and refer."

Our profession has grown tremendously in this area of practice, and now we not only diagnose and treat anterior surface eye diseases and ocular allergies, but also glaucoma and other internal ocular pathologies.

This expansion of our ocular pathology capabilities through both education and clinical experience has been the basis for state legislation allowing us to treat many eye diseases and rightfully ensure our position in the health care system as the primary eye and vision care provider.

Many of our colleagues work directly with tertiary ophthalmologists to offer patients the full scope of eye disease treatment. And the patients have benefited from our expanding knowledge and capabilities.

One of the education courses that I attended was #1010 – "Optimizing Visual Performance… Changing the Quality of Lives, One Day at a Time." It was moderated by James Sheedy, O.D., Ph.D., and included presentations by Drs. Lisa Grover, Robert Davis, David Kirschen, Mark Bloomenstein and Dr. Sheedy.

The topics covered were specialty areas by each of the presenters – Vision Rehabilitation (Grover); Contact Lenses and Visual Performance (Davis); Binocular Vision and Sports (Kirschen); Refractive Surgery and Disease Management (Bloomenstein); and Research and Product Design (Sheedy).

Each of the presenters talked about a patient and how their difficulties were inhibiting that patient's own performance and quality of life.

It was exciting to finally hear a course that was about the full-scope of our profession's capabilities – detailing specifically what we can do for a patient's visual performance that influenced their individual lives.

Whether it was a person who needed low vision rehabilitation to perform on the job; an adult who required a piggyback contact lens to give him the required acuity to drive; a young man who chose a vision therapy program to give him increased visual abilities to fulfill his dream to become a professional athlete; or a person with computer vision syndrome who required a specialized lens design to improve his functioning – each one represented a level of care beyond the standard.

If I were in charge of the program, I would have added a segment on infants and how optometrists can guide and influence their vision development and later school performance (vision and learning), including the use of therapeutic lenses to prevent adaptation due to the stress of near-point activities, such as reading.

Yes. I was excited! This was optometry as I learned and practiced. This was and still is the uniqueness of our profession. This is why patients come to us – to see clearly and to function more efficiently to improve their lives.

No doubt a small percentage of patients seek care for a red eye or other pathological condition, but the majority are there because of the care we can offer related to their visual abilities and visual performance.

There is such an expansive scope of practice available to our profession that to fail to detect or diagnose a vision dysfunction and provide treatment, or refer to an optometric colleague, might be considered in the same realm as failing to diagnose and treat or refer an ocular pathology.

Believe it or not, reimbursement for our professional services under major medical insurance began with our diagnosis and treatment of vision dysfunctions in the early 1970s – long before we were treating eye diseases and being reimbursed by insurance companies.

I feel strongly that this type of course should be presented at every optometric continuing education program. It would give our colleagues a reintroduction to the full scope of optometric practice available to them.

Moreover, it would advance the educational capabilities of our newer graduates, who may not have experienced the appropriate emphasis in their recent years at optometry schools and colleges.

Most important, it would reemphasize that the optometric profession is not just about eyeballs and pathology, but about the entire person who desires optimum visual capabilities to guide, steer and appraise all of their actions.

This remains the true uniqueness of optometry!

Robert M. Greenburg, O.D.
Reston, Va.

AOA spotlights nutrition, eyes

With increasing attention on the link between eye health and nutrition, this *AOA News* includes a booklet from Kemin Health, "Diet, Nutrition and Eye Health," to help learn more about the topic. In addition, the October *Optometry: Journal of the AOA* explores the topic of nutrition in great depth, with

- Patient counseling: What Eye Care Patients Should Know About Nutrition
- Nutrition counseling in the optometric practice
- Macular pigment and healthy vision
- Information on nutrition and eye health

Optometrists wanting to share nutrition information with their patients have many free resources, courtesy of Kemin and the AOA.

Free nutrition brochure counter display still available

Supplies of the AOA's free nutrition counter display kits are still available if you haven't yet requested this new resource for your practice. This kit will help educate patients on the relationship between diet and eye health and includes a brochure explaining the recommended nutrients for healthy eyes for patients.

This free kit consists of:

- Clear acrylic counter card with brochure pocket
- Two counter card inserts
- Eating Healthy and Your Vision

- March is Save Your Vision Month (can be used March 2010)
- Two pads of the "Recommended Nutrients for Healthy Eyes" tear-off sheets
- Template news release for Save Your Vision Month (can be used March 2010)

To order a free kit, go to *www.aoa.org/syvm-kits.xml* and complete the requested information. Allow five to seven business days for delivery.

A community PowerPoint presentation on nutrition and eye health is also available free of charge.

To order the community presentation and/or the Recommended Nutrients for Healthy Eyes tear-off sheets, e-mail your name and address to *publicrelations@aoa.org*.

For questions, contact Susan Thomas 800-365-2219, ext. 4263, (*slthomas@aoa.org*) or Cathy Bryson 800-365-2219, ext. 4226, (*mcbryson@aoa.org*).

For more, visit *www.aoa.org/nutrition.xml*.

LUXOTTICA GROUP

Dr. Jennifer Planitz
Optometrist
Explorer
Luxottica Partner

Jennifer Planitz loves trekking in the rugged New Mexico landscape. When she is not trekking, or teaching jazzercise, or contributing an article to a professional journal, Dr. Planitz and her husband run one of New Mexico's busiest optometry practices. Rio Eyecare Vision Source in Rio Rancho, NM has a staff of 12 and offers a specialty in pediatric optometry. She cares a great deal about her patients, her dedicated team and the partners she chooses.

Working together with Luxottica allows her to offer her patients the unsurpassable quality and power of the best brands while she enjoys the impeccable service and financial growth only possible with a partner that truly understands her business. Learn more about the benefits of partnering with Luxottica at www.luxandme.com.

Luxottica &me

www.luxandme.com WORKING TOGETHER

TPC,

from page 1

good relations with local insurance carriers as well as providing optometric practices guidance on the rules, regulations, and coding systems they must understand to properly file claims.

Understanding the value of integrating eye care into the medical plans is critical for improving the health of all Americans, according to AOA Executive Director Barry J. Barresi, O.D., Ph.D.

Coverage for eye examinations under separate vision plans is not a comprehensive approach and introduces unnecessary barriers to preventive and medical eye care, he contends.

Dr. Barresi emphasized that message heavily in addresses to the AOA House of Delegates at Optometry's Meeting®, Vision Expo and the National Association of Vision Care Plans this year.

Employer-based health programs often "partner" with vision plans to offer coverage for eye examinations and related services as an option for employees, according to Pauline Yan, vice president of Integrated Healthcare Market Solutions at Essilor of America and an adviser to the AOA Third Party Center.

However, "mainstreaming" eye examination coverage into the primary benefit plan holds a number of benefits for insurers, employers and beneficiaries, Yan contends.

Insurers who offer comprehensive eye examination coverage are not only more competitive in the marketplace but have access to eye examination data that can be critical in measuring outcomes and managing chronic disease, such as systemic diabetes and hypertension, Yan notes.

Employers have increasingly come to understand the value of eye care to their employees, she adds (see *AOA News*, January 2009.)

The center will also support a number of other important AOA goals and objectives, according to Dr. Hennen.

It will expand programs developed by the AOA's previous insurance relations entity, the Eye Care Benefits Committee, as well as launch new initiatives, Dr. Hennen said.

Established by the AOA Board of Trustees in October 2008, the center is based in the AOA St. Louis office, with former health insurance plan executive and consultant Maureen West as director. Charles Brownlow, O.D., who has consulted to doctors and others in the eye care arena since 1994, serves as the center's associate director.

The center will pursue its objectives through programs at the national, local and practice levels, Dr. Hennen said. AOA member optometrists are encouraged to take part in all three, he emphasized.

National programs

The center hopes to begin seeing comprehensive eye examinations included in the benefit packages of several additional major medical plans by as early as 2011.

To that end, the center will launch aggressive efforts to encourage coverage of comprehensive eye examinations in November of this year. Center efforts to monitor emerging health and reimbursement trends will focus largely on three areas: electronic health records (EHRs), health provider quality measurement, and value-based purchasing.

The center's efforts will entail extensive participation in a wide range of major conferences, including national meetings of vision plans, self-funded insurance plans, and electronic health record developers.

Center representatives are scheduled to take part in conferences on the AMA Current Procedural Terminology (CPT) codes

see TPC, page 12

10 things every OD should know about electronic health records

As Congress worked in January and February 2009 to complete action on H.R. 1, the American Recovery and Reinvestment Act of 2009 (ARRA), the AOA was working to secure full inclusion of ODs as eligible providers for a $19 billion program of financial incentives through Medicare and Medicaid to spur adoption of health information technology (HIT).

Provisions within ARRA, the economic stimulus package, aim to help physicians and hospitals purchase and implement HIT systems, including electronic health records (EHR). Under the new program, due to begin in 2011, physicians – including ODs, thanks to the AOA – would be eligible for incentive payments through Medicare totaling more than $40,000 for meeting EHR standards to be developed by the U.S. Department of Health & Human Services (HHS).

Beyond financing, a key element to the widespread adoption and use of HIT is the development of uniform electronic standards that allow various HIT systems to communicate with each other. ARRA requires the HHS to develop such standards by Dec. 31, 2009, and the AOA is working to ensure these standards fully recognize the unique needs of eye and vision care EHR systems. The AOA expects final regulations to be available early in 2010, but doctors should begin making plans now.

Here are a few other things every OD should know about EHRs:

1. EHRs are not mandatory. The AOA encourages doctors to use EHRs and provides information at *http://www.aoa.org/HIT.xml* but does not recommend specific products.

2. Provisions within ARRA give significant incentives in Medicare and Medicaid for doctors to use EHRs. Last winter, the AOA successfully convinced Congress to include ODs in these programs.

3. Doctors who begin using EHRs by 2011 or 2012 can receive the maximum reward, up to $44,000 over five years through the Medicare program (75 percent of Medicare-allowed charges up to a capped amount for each year). But if you wait until 2015 to start, there are no incentives.

4. Doctors must use the EHRs in a "meaningful" way. Merely purchasing/installing software will not be enough. Doctors will have to demonstrate that they are using the EHR as a tool to improve patient care.

5. Beginning in 2011, Medicare physicians who implement and report "meaningful use" of EHRs will be eligible for an initial incentive payment up to $18,000. ODs who practice in health professional shortage areas may qualify for an additional 10 percent incentive through Medicare.

6. Doctors who do not start using EHRs by 2015 may face penalties in Medicare. However, the HHS has the authority to make exceptions to the Medicare penalties on a case-by-case basis for physicians who demonstrate significant hardship (e.g., a physician who practices in rural areas without adequate Internet access).

7. The EHRs must be "certified." The AOA has worked alongside ophthalmology organizations to secure a certification track for eye care EHRs, which was previously unavailable for vendors of eye care EHRs. The AOA believes the federal government will provide a separate path to certification specifically for ARRA so that all EHRs regardless of specialty or designer/ creator can be certified for purposes of the stimulus.

8. In Medicaid, the payments begin as high as $25,000 for the first year and up to $10,000 each of the following five years. But the Medicaid program has additional hurdles and is only practical for practices with a high volume of Medicaid patients.

9. One doctor can't get available bonuses from both Medicare and Medicaid.

10. Doctors should begin to make plans to implement EHRs in practice before the end of 2010. The AOA will have more guidance about certification and meaningful use in the months ahead.

AOA members with questions or concerns should contact Rodney Peele of the AOA Washington office at 800-365-2219, ext. 1348 or *rpeele@aoa.org*.

Made for each other

Committed to a perfect fit

ALLERGAN IS PROUD TO BE A PART OF THE OPTOMETRY COMMUNITY, offering quality products, educational programs, and practice support. As the field of optometry evolves, we'll be with you every step of the way.

When you thrive, we thrive; that's how opportunity brings us together.

ALLERGAN Eye Care

Notification now required for breach of patient privacy

Health care practitioners, including optometrists, must now promptly notify patients in the event their unsecured health records or other protected information is improperly accessed, according to the U.S. Department of Health & Human Services (HHS).

The AOA Advocacy Group recommends optometrists consider steps to properly secure health records, thereby reducing the risk of information disclosures and any need to report such disclosures to patients.

However, the new regulation will not necessarily mean practitioners will be required to notify patients of every disclosure of information, the AOA Advocacy Group notes.

"Doctors must report a breach of unsecured protected health information. However, it is important to note that all of those terms are specifically defined in law," Jon Hymes, AOA Advocacy Group director, noted. "If the information is not 'protected health information' (PHI) as defined under the federal Health Insurance Portability and Accountability Act (HIPAA), then disclosure to the patient is not required under this rule. If the information is PHI but it was 'secured,' then disclosure is not required under this rule. If the disclosure does not compromise the security or privacy of the PHI, then it's not a breach that must be disclosed. Compromising the security/privacy of the PHI means a significant risk of financial, reputational, or other harm for the patient. The harm does not have to occur; there just has to be a significant risk of harm."

Encrypted electronic documents are generally considered to be secured, according to the HHS.

Software firewalls and other access controls can also represent ways to secure information, but they are not considered to provide the same level of security as encryption, the AOA Advocacy Group notes.

"The law doesn't require encryption, but encourages it," Hymes said,

The new federal regulations, requiring the mandatory reporting of health information privacy breaches, took effect Sept. 24.

> *"The rule requires health care practices, following the discovery of a breach of unsecured protected health information, to notify each individual whose unsecured protected health information has been, or is reasonably believed by the covered entity to have been, accessed, acquired, used, or disclosed as a result of such breach."*

They apply to health care providers, health plans, and other entities covered by HIPAA.

The reporting mandate was enacted as part of American Recovery and Reinvestment Act (ARRA) in February.

The new rules were quickly developed by the HHS's Office for Civil Rights (OCR).

The FTC also released companion requirements that apply to entities that are not covered by HIPAA.

In addition to notifying patients of a breach, practitioners and other HIPAA-covered entities will be required to notify the HHS annually of any privacy breaches that occur in their facilities.

Should a security breach involve more than 500 individuals, the practitioner must notify the department, as well as news media, within 60 days.

Should a business associate of health care providers — such as an optical lab, pharmacy or billing service – breach patient privacy, the business associate must notify the provider.

"The rule requires health care practices, following the discovery of a breach of unsecured protected health information, to notify each individual whose unsecured protected health information has been, or is reasonably believed by the covered entity to have been, accessed, acquired, used, or disclosed as a result of such breach," according to an HHS announcement last month.

In general, a ''breach'' is defined to mean the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of such information, the agency said.

The HHS cites as an example of improper access, a receptionist, who is not authorized to view patient records, looking through files in order to learn of a friend's treatment.

Exceptions are provided for incidents in which the recipient of the information would not reasonably have been able to retain the information; unintentional acquisition, access, or use; as well as certain inadvertent disclosures among persons authorized to access protected health information, the HHS notes.

Access that is unintentional, done in good faith, within the scope of authority (such as an office staff person accidently opening the wrong patient file or receiving an e-mail from a patient that has been sent to the wrong address) would not constitute a security breach, provided the staff person promptly closes the file (paper or electronic) and does not convey or misuse the information, the HHS says.

Also note that the rule emphasizes that HIPAA applies to "workforce members" of a practice, not just employees, so that independent contractors, interns, etc., are covered by the practice's policies.

If a health care provider does have to notify patients, the notice should be written in an easily understandable manner (two pages or less, as a general rule).

Although HIPAA generally provides a floor, not a ceiling, for protecting patients health information, and that stronger state laws usually remain in effect, the rule notes that if a doctor cannot comply with the federal rule and state law at the same time, then the federal rule preempts the state law.

Reporting requirements

Privacy breaches are to be reported to patients "without unreasonable delay" and in no case later than 60 calendar days after the date a breach is discovered, according to the HHS.

The notice is to be sent to the individual in written form by first-class mail at the last known address of the individual.

However, that written notice may be in the form of electronic mail if the individual has agreed to receive electronic notices.

The notice must be written in an easily understandable manner.

When the individual affected by a breach is a minor or otherwise lacks legal capacity due to a physical or mental condition, notice may be sent to the parent or other appropriate personal representatives.

If the individual is deceased, notice must be sent to the last known address of the next of kin.

In line with the Americans with Disabilities Act, practices must take steps to ensure effective communication with individuals with disabilities, which could include making the notice available in alternate formats, such as Braille, large print, or audio.

Consistent with the Civil Rights Act, practices must take reasonable steps to ensure meaningful access for persons with limited English proficiency, such as by translating the notice.

If notices are returned undeliverable or the practice does not have contact information, practices may provide notices through "alternative means" such as telephone, Web site, newspaper or broadcast.

"This new federal law ensures that covered entities and business associates are accountable to the department and to individuals for proper safeguarding of the private information entrusted to their care. These protections will be a cornerstone of maintaining consumer trust as we move forward with meaningful use of electronic health records and electronic exchange of health information," said Robinsue Frohboese, acting director and principal deputy director of OCR.

Rules regarding the mandatory reporting of patient information were first proposed by the agency in April.

They were formally announced in the *Federal Register* Aug. 24.

Additional information is available on the HHS Office for Civil Rights Web site (*www.hhs.gov/ocr/privacy*).

AOA, top HRSA officials discuss strategies to increase access to comprehensive optometric care

AOA volunteers and staff met with Mary Wakefield, Ph.D., RN, administrator for the Health Resources and Services Administration (HRSA) and other top agency officials in Washington, D.C. on Sept. 17 to discuss furthering strategies to increase access to comprehensive vision and eye health care in America's underserved communities.

According to Dori Carlson, O.D., AOA vice president, "Administrator Mary Wakefield had signaled that if we know ways to make HRSA better and ways to improve access, she wanted to hear them."

Appointed the new head of the HRSA earlier this year, Wakefield leads an agency charged with increasing access to health care for those who are medically underserved.

The HRSA's programmatic portfolio includes a range of programs or initiatives designed to increase access to care, improve quality, and safeguard the health and well-being of the nation's most vulnerable populations.

Dr. Carlson; Roger Wilson, O.D., chair of the AOA Community Health Center Committee; Michael Duenas, O.D., AOA associate director of Health Sciences and Policy; and Mohammad Akhter, M.D., MPH, executive director, National Medical Association, discussed the importance of optometry's provision of on-site vision and eye health services to underserved communities and the need for ODs to be included, once again, in the National Health Service Corp (NHSC) program.

AOA volunteers and staff met with Health Resources and Services Administration (HRSA) Administrator Mary Wakefield, Ph.D., RN, and other top HRSA officials at the agency's headquarters on Sept. 17 to discuss increasing access to comprehensive eye and vision care in America's underserved communities.

Among other programs, the HRSA is responsible for administering and overseeing the NHSC, which helps bring together dedicated health care providers with the rural and urban community health centers that need their services and provides financial support specifically aimed at easing the debt burden associated with a professional education.

However, the NHSC program currently only supports medicine (MD or DO), dentistry, family nurse practitioners, certified nurse midwives and physician assistants.

Data from the HRSA indicate that 18 percent of all federally qualified health centers have in-house optometry staff, with another 13 percent of health centers referring patients out for comprehensive eye care.

Comparatively, 73 percent of federally qualified health centers have dental services available.

The AOA supports an effort in Congress (H.R. 1884) led by Reps. Bart Gordon (D-Tenn.) and Joe Pitts (R-Pa.) that would instruct the HRSA to include essential vision and eye health care services as part of "primary health care services."

The language would also allow the HRSA to readmit optometrists to the NHSC student loan program and actively recruit optometrists to provide "primary care services" in areas where access to eye care professionals is severely limited or unavailable.

NCQA announces free online guide on improving multicultural health care

The National Committee for Quality Assurance (NCQA) has issued the release of a free, Web-based version of "Multicultural Health Care: A Quality Improvement Guide" at *www.clashealth.org*.

The guide, developed by NCQA in collaboration with Lilly USA, LLC, serves as a resource for those wanting to undertake quality improvement initiatives to improve culturally and linguistically appropriate services (CLAS) and to reduce disparities in care.

While there is widespread agreement that reducing disparities in health care is important, until recently, organizations have found little guidance on developing culturally and linguistically appropriate programs and few models of tested and successful approaches to reducing disparities, according to the site.

There are limited resources for organizations to share knowledge and experience in this area. The guide will serve as a starting point for some organizations and as a bank of resources for others who already have experience in pursuing auality improvement initiatives to improve CLAS.

The site is intended for health care organizations such as managed care plans, large group practices, hospitals, public health agencies, disease management organizations, community health centers and other institutions that provide and/or arrange for care of diverse patients.

Originally published in hard copy, the guide is now available in an easy-to-navigate Web-based format.

"Multicultural Health Care: A Quality Improvement Guide" is organized into four chapters that follow the steps of a basic quality improvement process – Assessment, Planning, Implementation and Evaluation.

Each chapter contains explanatory text, information on how to follow the process and resources and examples from a variety of settings.

A tour of the site is available at *www.clashealth.org/take-a-tour.html*.

The NCQA invites health care providers to visit *www.clashealth.org*, bookmark it for future reference and share it with others who would benefit from the information.

TPC,

from page 8

and other billing code systems as well as a series of planned focus groups on systemic disease control.

"Effective representation at these meetings is important in educating other health care professionals on optometry, advocating for full inclusion of optometrists as providers, and ensuring continuing access to optometrists for all Americans," Dr. Hennen said. "It also allows us to learn of emerging developments in the insurance industry as quickly as possible and promptly relate them to AOA members."

Regional and local programs

Local carrier policies and coverage decisions often determine which health care services are covered under a health plan, the terms under which those services will be covered, and which practitioners can provide those services under the plan.

For that reason, the AOA has a new system of Third Party Center state coordinators to provide expert advice on all aspects pertaining to third-party payers.

Representing a new volunteer position within organized optometry, the state coordinators are appointed directly by the president of the AOA to make the services of the TPC easily accessible at the local and regional levels. The state coordinators will have direction, training, support and resources from the TPC Executive Committee and related AOA TPC staff.

To qualify as coordinators, optometrists must have extensive background in third-party issues. Many formerly served as state optometric association third-party chairs.

The state coordinators will be charged with:

- Advancing the AOA objectives of quality, accessible eye, vision and related health care for all Americans
- Representing the profession of optometry to insurers, carriers and managed care organizations.
- Participating in local or regional organizations that may have a role in shaping coverage.
- Educating state optometric association members on third-party eye and vision care programs, including contract details, correct coding, access and provider discrimination issues, and use of AOA resources.
- Monitoring health care trends and issues in their states.
- Assist in resolving issues that arise between state optometric association members and insurance plans.

All of the coordinators' efforts will center on ensuring participation by optometrists under all public and private insurance plans as providers of a full scope of comprehensive eye care under the same terms and reimbursement schedules as ophthalmologists, Dr. Hennen emphasized.

The state coordinators will take part in regional health care coalitions to promote eye care preventive wellness benefits, he said.

AOA members are encouraged to contact their state coordinators not only to report third-party problems but successes in negotiations on coverage issues with third-party plans, Dr. Hennen emphasized.

Through the state coordinators, the center hopes to compile a library of "best practices" for negotiations with plans, Dr. Hennen said.

In the practice

The AOA Third Party Center will also provide a wide range of resources that will allow AOA members to access and understand the rules that govern insurance reimbursement and file claims correctly. The resouces include:

- *AOACodingToday.com*, a subscription online coding service, available exclusively to AOA members through Physician Reimbursement Systems, Inc., that provides eight important types of coding information (including ICD-9, CPT, HCPCS, modifiers, associated global information, and local carrier decisions) as well as Medicare rules and regulations in one easy-to-navigate place, with up-to-the-minute changes (*www.aoacodingtoday.com*).
- AOA Reimbursement Plus®, a second subscription online service that provides up-to-the-minute CPT code reimbursement information; all related CPT code information and characteristics; and state-of-the-art information regarding CPT code and medical record-keeping compliance. Practitioners can enter the CPT codes for the services rendered, the practice's current fees, the medical carriers that will process claims and the practice's ZIP code. The system then provides the claims filing rules that apply to the practice (*http://aoa.reimbursementplus.com/*).
- *Codes for Optometry*, the definitive coding and billing guidebook for optometric practices, providing all diagnosis, procedure, and material codes applicable to optometric practice in a durable perfect-bound book (divided into four sections with both alphabetical and numeric listings for easy use). The volume includes:
- The Physician's Current Procedural Terminology (CPT) 2010 procedure codes.
- International Classifications of Disease – 9th Edition Clinical Modification (ICD-9) diagnosis codes.
- Health Care Procedural Coding System (HCPCS) material codes, and
- Medicare's National Correct Coding Initiative (CCI) Edits.
- Medicare's current Documentation Guidelines for Evaluation and Management Services.

"Helping optometrists and staff to code services and file claims properly is a top priority for the AOA Third Party Center," Dr. Hennen said. "Over the coming months, the center will introduce new services to help optometrists access the coding rules and regulations necessary to file claims correctly the first time and deal with rejections and refilling when they occur."

"As the center launches its new five-year initiative to ensure coverage for optometric services at the national level and the new AOA Third Party coordinators set out to ensure coverage at the regional level, we hope all optometrists will take advantage of the coding and billing resources available through the AOA and make efforts to ensure they are filing claims properly in their practices," Dr. Hennen said.

Managed care Web resources

Managed care resources abound on the AOA's Web site: The AOA Web site Managed Care and Insurance page (*www.aoa.org/x4838.xml*) is a comprehensive online third-party information source for optometrists. It offers unique features to help practitioners assess and join insurance programs, including:

- The Evaluating a Plan/ Making a Business Decision page (*www.aoa.org/x9268.xml*) with an extensive list of factors optometrists should check when evaluating an insurance plan.
- The AOA Chair Cost Calculator, an interactive AOA Web site feature, allows optometrists to easily determine a doctor's average overhead costs per patient visit (*www.aoa.org/x9619.xml*).
- Medicare physician fee schedule payment rates (*www.aoa.org/x10545.xml*)
- The AOA Optometrist Access Web page (*www.aoa.org/x9184.xml*), featuring the AOA State Association Managed Care Toolbox — with detailed information on ensuring access to optometric care through insurance plans.
- The AOA Web site Credentialing page (*www.aoa.org/x9608.xml*), a step-by-step guide that simplifies the process of presenting the credentials required by insurance plans.
- The AOA Medicare Physician Quality Reporting Initiative page (*www.aoa.org/x7990.xml*), outlining how practitioners can receive bonuses through Medicare's voluntary quality care reporting program.

Practitioners evaluating insurance plans may also wish to consult two articles on the *Optometry: Journal of the American Optometric Association* Web site (*www.optometryjaoa.com*):

- "Evaluating participation in insurance plans," by Dr. Hennen outlines the major factors optometrists should consider when determining whether plan participation will be good for patients or practice.
- "Utilizing chair cost to evaluate health plan contract" by Gregory W. Kraupa, O.D., explains why determining the average cost of providing care per patient is essential in determining whether insurance plan reimbursements are adequate to cover practice overhead.
- An audio podcast explaining the insurance plan evaluation process is also available on the *Optometry* site.

HEHP grant helps Ore. group identify at-risk kids

With the help of a recent Healthy Eyes Healthy People® (HEHP) grant, the Children's Vision Foundation (CVF) is working to promote public awareness of learning difficulties related to vision problems in children through community vision screenings and public education and provide support for the treatment of these conditions.

A volunteer from the Children's Vision Foundation screens a student for vision problems at an Oregon elementary school.

The CVF promotes the awareness of good eye health by identifying children affected with vision problems.

Its goals correspond with HEHP objectives by reducing visual impairment in children and adolescents and by providing information that encourages the use of personal protective eyewear.

The CVF identifies Oregon students whose vision problems are affecting their educational and lifelong success.

The organization estimates it will identify 20 percent of students who are screened with vision problems and refer them to eye care professionals.

Since 2001, more than 26,000 Oregon students have participated in the CVF vision screenings, which have been performed in 19 communities within seven Oregon counties. The majority of these communities are in rural, underserved areas.

The CVF screens all schoolchildren within participating school districts' targeted class levels regardless of age, nationality, ethnic group, sex or economic status.

One such student was Gloria, a fourth-grader whose family moved often and who had missed a lot of school.

During her screening, CVF volunteers identified significant vision challenges. Gloria was unable to identify any of the letters on an eye chart.

One morning, the screener remarked how beautiful the mountains were to Gloria. Gloria's blank expression in response indicated that she had never seen the mountains. Several weeks later, after a professional exam, Gloria was sporting new purple-framed glasses. The screener was thrilled when Gloria exclaimed, "The mountains really are beautiful!"

In addition to the differences the program is making in public and private schools, the CVF tests high school dropouts from all over Oregon who participate in the Oregon Youth Challenge Program (OYCP).

The CVF also provides free community screenings for home-schooled students throughout central Oregon.

This year alone, more than 4,000 Oregon children will participate in school and community screenings.

The CVF conducts comprehensive vision screenings using a modified version of the New York State Optometric Association's battery. CVF screenings contrast with routine state vision screenings that only test distance and sometimes near acuity; often they do not screen for these additional integral and life-affecting vision abilities.

The CVF works with school districts and administrators to set up screening schedules and coordinate school and community volunteers. Schools often provide several parent volunteers who receive on-site training by CVF and administer specific parts of the screening.

Students who have problems in one or more areas are rescreened by CVF staff to verify their results and limit the possibility of a false positive. Once the results are verified, the CVF informs the school, often collaborating with the school district nurses, classroom and supported education teachers, and coordinators serving needy families on an ongoing basis.

Every screening form is filed in the health section of the student's permanent file. Additionally, in some districts students receive Vision Service Plan (VSP) vouchers.

Referral packets are also sent home to the students' families. The packet includes a letter from the school district or school and a copy of the student's screening report with the specific results and information encouraging the student to obtain a professional exam.

Also included in the packet is a flier on sports-related vision injuries and eye protection. This flier was developed in 2007 as a joint KIDS grant project between the CVF and the Oregon Optometric Physicians Association (OOPA). Increasing students' use of personal protective eyewear is another HEHP objective.

Follow-up continues for students who are referred for professional care. In some cases, school staff will take the student to an eye care professional, and if needed, eyewear may be kept at the school for the student's use.

The success of the CVF program is shown in the difference it has made in a small Grant County school district without a nurse.

The CVF began a biannual screening program with Humbolt Elementary in 2001, screening all first through fifth-graders and referring kindergartners.

- In 2001, the CVF screened 190 students, identifying 56 students, a 29.5 percent referral rate.
- In 2003, the CVF screened 255 students, identifying 60 students, a 23.5 percent referral rate.
- In 2005, the CVF screened 233 students, identifying 46 students, a 19.7 percent referral rate.
- In 2007, the CVF screened 210 students, identifying 29 students, a 14.5 percent referral rate.

Of the 29 students identified in 2007, 14 were identified for distance acuity in addition to other factors.

More than half of these students' visual needs would have been missed by the state's use of the standard Snellen chart.

"We hope to measure long-term success by identifying students with vision problems," said Julie Bibler, executive director of the Children's Vision Foundation.

"Oregon, along with other states, bases the number of prison beds they will need 15 years from now on the number of third-grade non-readers. With approximately 80 percent of a child's learning done visually, the CVF's program will reduce the number of prison beds required in our state system and increase the number of active, productive, contributing members of our society."

In addition to HEHP and OOPA, collaboration partners include the Oregon school districts and personnel, Oregon Youth Challenge Program, Oregon Lions Sight and Hearing Foundation, individual Lions Clubs, Pacific University College of Optometry, Parent Teacher Associations, school and community volunteers, foundations, local businesses and private individuals.

SGRC releases new PR messaging posters

The AOA State Government Relations Center (SGRC) recently reformatted the series of children's vision public relations messaging posters available for use by AOA members.

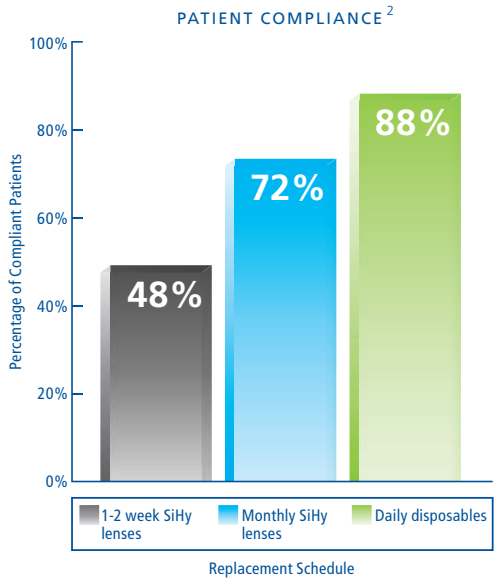
The version of the four reformatted messaging ads geared specifically toward legislators will be run six times over the course of the next year in *State Legislatures*, the publication of the National Conference of State Legislatures. Readership for the publication includes all 7,382 state legislators and all members of Congress.

The version of the four reformatted messaging ads geared toward members' offices serve as terrific reminders for parents to schedule an appointment for their children.

Both versions of all four posters/ads can be downloaded for printing at: *www.aoa.org/x11313.xml*.

ADD PROFIT WITHOUT ADDING ONE NEW PATIENT.

Imagine up to **4x greater profitability**,[1] **potentially increased patient loyalty** and **up to 1.8x greater compliance rate**[2] all from your current patient base. That's the beauty of one-day and one-month replacement contact lenses. That's the **POWER OF ONE**.



Isn't now the perfect time to rethink your contact lens strategy? To see what the **POWER OF ONE** can do for your practice, contact your CIBA VISION representative or visit **cibavisionacademy.com**

DISCOVER THE POWER OF ONE.

*AIR OPTIX® AQUA contact lenses: Dk/t = 138 @ -3.00D. AIR OPTIX® for ASTIGMATISM contact lenses: Dk/t = 108 @ -3.00D, -1.25D x 180. AIR OPTIX® NIGHT & DAY® AQUA contact lenses: Dk/t = 175 @ -3.00D.

Important information for AIR OPTIX® AQUA (lotrafilcon B) contact lenses and AIR OPTIX® for ASTIGMATISM (lotrafilcon B) contact lenses: For daily wear or extended wear up to 6 nights for near/far-sightedness and/or astigmatism. Risk of serious eye problems (i.e., corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur.

Brief statement of intended use: AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses are indicated for daily wear or extended wear for up to 30 continuous nights. Warning: The risk of serious ocular complications is greater for extended wear as compared to daily wear of contact lenses and smoking increases the risks. Precautions: Not all patients can achieve the maximum wear time of up to 30 nights of continuous wear. Patients should be monitored closely during the first month of 30-night continuous wear. The maximum suggested wearing time should be determined by the eye care professional based upon the patient's physiological eye condition because individual responses to contact lenses vary. Side effects: Infiltrative keratitis was reported at a rate of approximately 5% during the one-year US study of 1300 eyes. Other side effects included conjunctivitis, GPC, and lens discomfort, including dryness, mild burning, or stinging. Contraindications: The lens should not be used when an inflammation or infection of the eye is present, or when there is any disease or injury in or around the eye or eyelids. The lenses should not be used by individuals who have medical conditions that might interfere with contact lens wear. Consult the package insert for complete information about AIR OPTIX® NIGHT & DAY® AQUA lenses, available without charge from **CIBA VISION Corporation** at **1-800-241-5999** or **www.cibavision.com**.

References: 1. Profitability compared to the leading 1-2 week premium SiHy lenses. Based on ACNielsen data, 12 months ending June 2009. 2. Dumbleton K, Woods C, et al. Patient and practitioner compliance with silicone hydrogel and daily disposable lens replacement in the United States. *Eye & Contact Lens*. 2009;35(4):164-171.

cibavision.com

CIBAVISION™

POWER OF

ONE

CIBAVISION™

Shared Passion for Healthy Vision and Better Life

Laser treatment for vision loss from branch retinal vein occlusion safer than corticosteroid injections

Scientists have found that laser therapy is equivalent to two different dosages of corticosteroid medications for treating vision loss from the blockage of small veins in the back of the eye, a condition known as branch retinal vein occlusion (BRVO). Furthermore, laser treatment was shown to have fewer complications for patients.

This research was part of the Standard Care vs. Corticosteroid for Retinal Vein Occlusion (SCORE) Study, a phase III clinical trial conducted at 84 sites and supported by the National Eye Institute (NEI) at the National Institutes of Health.

"The SCORE study is the first to demonstrate that laser treatment and injections of corticosteroid into the eye have a similar impact on vision loss for patients who have retinal swelling due to branch retinal vein occlusion," said Ingrid U. Scott, M.D., MPH, professor at Penn State College of Medicine and co-chair of the SCORE study. "However, the lower rate of complications with laser treatment may indicate that it is the best proven treatment option for patients at this time, and that laser represents the benchmark against which other treatments should be compared in future clinical trials."

In the United States, vein occlusion is estimated to be the second most common condition affecting blood vessels in the retina.

In BRVO, a blood clot slows or stops circulation in a small vein within the eye's light-sensitive retinal tissue.

This may lead to new blood vessel growth and blood vessel leakage, which results in retinal tissue swelling—a common cause of vision loss from BRVO.

Eye doctors typically treat BRVO with laser therapy applied to the affected retina in a grid pattern.

However, some ophthalmologists have treated people who have BRVO using eye injections of an anti-inflammatory corticosteroid called triamcinolone.

Because clinical observations suggested a visual benefit, the SCORE study was initiated to compare the safety and effectiveness of standard care laser treatment with two different doses of triamcinolone—1 mg and 4 mg.

These results may have a significant public health impact by providing guidance for clinicians and patients in their selection of a branch retinal vein occlusion treatment.

The results appear in the September 2009 issue of *Archives of Ophthalmology*, published alongside findings from a separate trial within the SCORE study, which looked at blockages in larger retinal veins.

Participants in the study included 411 people with BRVO who were an average of 67 years old.

Patients could receive treatment every four months for up to three years.

One year after patients began the trial, equal numbers of patients experienced visual improvement in each treatment group.

Twenty to 30 percent of patients in each group experienced substantial visual gains of three or more lines on a vision chart—equivalent to identifying letters that were half as small as they could read before treatment.

However, patients who received either dosage of corticosteroid medication were more likely to develop a cataract or have an increase in eye pressure requiring medication than patients who received laser treatment.

NOA celebrates 40th anniversary

The National Optometric Association (NOA) celebrated its 40th anniversary at its convention in Charleston, S.C., this summer.

NOA President LaSheta P. David, O.D.

The six-day event included board meetings, a welcome reception, a historic tour of the Boone Hall Plantation and Gardens, a scholarship golf tournament, and continuing education.

The NOA was founded by C. Clayton Powell, O.D., and the late John L. Howlette, O.D., initially to increase the number of black eye care practitioners in the field of optometry.

Over the years, the NOA established its mission of advancing the visual health of minority populations by providing eye care, education, and resources to the underserved throughout the country.

The anniversary convention included lectures emphasizing pediatric and low vision exams presented by Stephanie Johnson-Brown, O.D., NOA vice president; Susan Primo, O.D., NOA Region III trustee; and Rachel Coulter, O.D., Nova Southeastern University College of Optometry department chair of Optometric Science.

Steven Loomis, O.D., AOA trustee, served as a representative in the Networking Forum.

The convention culminated with a black-tie installation and awards banquet featuring guest speaker Rep. James E. Clyburn (D-S.C.).

Award recipients included:

- Optometrist of the Year—Joseph W. Mc Cray, Jr., O.D., immediate past treasurer
- Drs. C. Clayton/ John L. Howlette Founders Award—Tanya M. Parks, NOA interim executive director and Dave Sattler, director of Professional Relations, Alcon Laboratories
- Dr. Robert Johnson Pediatric Vision Therapy Award (scholarship)—Rosalyn Coleman
- Cave Memorial Award (scholarship)—Monique Batchelor
- Student of the Year—Kimberly Mark, O.D.
- School of the Year—Southern College of Optometry

Edwin Marshall, O.D., MPH, vice president for Diversity, Equity and Multicultural Affairs at Indiana University, swore in the newly elected 2009-2010 NOA associates and National Optometric Student Association officers.

New NOA President LaSheta P. David, O.D., addressed convention attendees and accepted her new position.

The NOA's 42nd annual convention will be July 13-18, 2010, at the Caribe Hilton in San Juan, Puerto Rico.

President,

from page 4

licensure.

We asked AOA General Counsel to take a careful look at the issue and they concluded that: "ABO board certification will have no bearing on state licensure and is independent of state licensing authority."

The letter from AOA General Counsel is also on the ABO Web site. I also draw your attention to this statement in that letter: "Based on the long history of the many time tested board certification entities and processes that have been established throughout health care, the AOA sees no rational legal basis for challenging the propriety of board certification in the optometric field."

The AOA, on behalf of its members, will be proactive during this time to ensure that licensure and BC remain distinct and separate. We will also seek to clarify the record about the process as the need arises.

As national health care reform develops, the American Board of Optometry is beginning the important, challenging task of implementing a national model for board certification (BC) and maintenance of certification (MOC) for optometrists to ensure unfettered access to our services by patients.

N.C. ODs team up to help thousands at rural clinic

The slow parade of cars winding through the hills of southwestern Virginia might have been headed to a music festival or a horse show. But it was dawn in the tiny town of Wise, and the cars backed up on Hurricane Road numbered in the hundreds. The cavalcade of vehicles was destined for the sprawling Wise County Fairgrounds, where a clinic had been set up to offer free medical, vision and dental care.

In one of the cars were a husband-and-wife team of volunteer optometrists and their three children. What should have been a quick 10-minute ride from their hotel to the fairgrounds turned into a one-hour ordeal, as crowds of people and cars clogged the roadway.

"They didn't get in," Roger Davis, O.D., said of the crush of cars and people lined up outside the entrance gate. Hundreds of others—some of whom had camped out overnight in order to register early—had gotten there first.

"Although the organizers prepared us somewhat, we were surprised by the number of people who came."

The three-day clinic marked the 10th anniversary of this Wise County event, hosted and organized each summer by Remote Area Medical (RAM) for people who do not have access to affordable health care. This year, it attracted 2,700 people from 16 states.

Dr. Davis and his wife, Lisa Davis, O.D., own and operate three optometric practices in North Carolina. They were two of the 988 volunteers who turned out to provide medical care and ancillary services to the record-setting crowd.

"Although the organizers prepared us somewhat, we were surprised by the number of people who came," said Dr. Davis.

This was the first time the Davises had joined the small group of eye care professionals in the Wise County mission.

The trip was coordinated by Douglas Weiss, O.D., and Victoria Weiss, O.D., founders of the Virginia chapter of Volunteer Optometric Services to Humanity (VOSH), and George Gephardt, chief merchandising officer for Eye Care Centers of America (ECCA).

The day before the clinic opened, volunteers began handing out numbered tickets to early-arriving patients who wanted to secure their place in line the next morning.

Organizers continued to distribute clinic passes throughout the night.

After receiving tickets, many travelers slept in their cars on the grassy parking lot outside the entrance.

The gates swung open each day at 5:30 a.m. for just 1,600 people, the operational capacity. According to Stan Brock, RAM's founder, 1,600 people had already registered by 5:30 a.m. on the clinic's first day. That left several hundred vehicles, carrying both patients and volunteers like the Davises, stranded on Hurricane Road.

"Only 25 percent of the Wise clinic patients had jobs," said Dr. Davis. "And 40 percent were on either Medicaid or Medicare. Just over half had no insurance at all."

Lisa Davis, O.D., examines a patient's eyes at the RAM eye clinic for those who do not have access to affordable health care. This year, it attracted 2,700 people from 16 states.

The day before the Wise clinic opened, about 20 optometrists and ophthalmologists, in addition to volunteers from the Lions Club and other charity organizations, set up exam stations in the eye clinic.

In tents, vans and sanitized chicken coops, patients received vision tests, glaucoma screenings, dilation evaluations and refraction exams to determine needed eyeglass prescriptions. Technicians ground lenses in a trailer.

Other volunteers helped patients choose eyeglass frames, many donated by ECCA.

At the Wise clinic, 1,088 people had eye exams, and at least half of those were given eyeglasses, according to Dr. Davis.

"A lot of patients had really high astigmatism," he said. "One lady who needed a very strong prescription had driven all the way from Cincinnati without glasses."

A torrential rainstorm in Wise, Va., on Sunday, the

see Clinic, page 18

One of the 2,700 patients at the free medical clinic in Wise County, Va., chooses eyeglass frames from the selection donated by the Eye Care Centers of America.

The fairground's grandstand became a waiting room for hundreds of patients.

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association.
Got a story to share?
Drop a line to *TLOverton@aoa.org*.

AOA sections seek photos for contest

The AOA sections are looking to build a storehouse of arresting and beautiful photos with your help.

The sections' first photo contest is open to AOA section member ODs and American Optometric Student Association (AOSA) members.

The winning photograph for each section will be featured as the section's Facebook profile image through the end of the year.

All participants will have a chance to see their photography in an AOA publication or online media.

Contest dates: The AOA Sections Photo Contest began Sept. 1, 2009, and ends Oct. 15, 2009, at 2 p.m. Central Daylight Time (CDT). By submitting an entry, each contestant agrees to the rules of the contest.

Eligibility: Members of the AOA Contact Lens and Cornea Section, Sports Vision Section, Vision Rehabilitation Section and the AOSA are eligible. The AOA will determine winners' eligibility.

For more information and to submit a photo, visit *https://aoaphotocontest.wufoo.com/forms/aoa-sections-photo-contest/*.

Good vision is always in style

Displays, advertising, and promotional materials have been part of optometric practice for many years.

Optical show cards such as this were popular items in windows and dispensing areas during the 1940s, showing young women that stylish vision correction was a good thing.

Early promotional items give an interesting glimpse into the historical development of optometry.

Keep the Archives & Museum in mind if you should ever run across early optometry/vision-related posters, postcards, catalogs, models, and the like.

Good examples are welcome additions for the collection.

Contact Linda Draper at *ljdraper@aoa.org*.

Clinic,

from page 17

final day of the clinic, did not interrupt the steady stream of patients needing care.

"Lisa and I saw two children, 7 and 10 years old, who were developmentally challenged and had severely uncorrected vision," said Dr. Davis. "They were in the second and fourth grades. Imagine going to school all those years and not being able to see anything."

Earlier this year, Dr. Davis had planned a similar mission to central Mexico, which was canceled due to government travel restrictions.

"It's amazing," he remarked, "that we could make a difference just four hours away from home."

Reporting by Jonna Jefferis of Davis Vision.

PQRI,

from page 1

Last year, many physicians struggled to access the feedback reports and found the information lacking enough detail to be truly informative. The CMS promises better reports and better access. Unfortunately, this feedback will be too late for most doctors to have time to make any modifications, if necessary, to their 2009 reporting to make sure they get a bonus for their work this year.

"With quality measurement expected to become an increasingly important factor in payment and access, practitioners may want to obtain the feedback reports to see how their performance was rated," said Rebecca Wartman, O.D., from the AOA's Third Party Center. "Eventually payers and patients will havc access to physician quality measurement results."

A sole proprietor physician who participated in PQRI using only a National Provider Identifier (NPI) should be able to obtain a feedback report directly from the Medicare contractor.

Look for more information about this process in upcoming AOA publications as well as on the AOA Web site.

Other physicians will need to register for access through Medicare's Individuals Authorized Access to CMS Computer Services - Provider Community (IACS-PC), and then access their provider reports through QualityNet. Doctors who have not enrolled or re-enrolled in Medicare since 2003 might have to go through that cumbersome process before gaining access to IACS.

In fact, the AOA Washington office strongly urges members to undertake voluntary Medicare enrollment or reenrollment very carefully to avoid mistakes that can keep a practice from being paid for many months.

IACS registration may take several weeks alone.

Practitioners who have not used their IACS accounts for 60 days are advised to call the IACS-PC External User Services Help Desk to reinstate their passwords.

See *http://www.cms.hhs.gov/PQRI* and *http://www.aoa.org/PQRI.xml* for more information, as well as articles in AOA publications.

For IACS, the AOA strongly recommends working with the External Users Services (EUS) Help Desk at 1-866-484-8049, TTY/TDD at 1-866-523-4759 (Monday through Friday 7 a.m.-7 p.m. EST) or via e-mail at *EUSSupport@cgi.com*.

For PQRI assistance, including accessing the PQRI Portal, contact the PQRI Help Desk at 866-288-8912 (Monday through Friday 7 a.m.-7 p.m. CST) or via e-mail at *qnetsupport@sdps.org*.

"With quality measurement expected to become an increasingly important factor in payment and access, practitioners may want to obtain the feedback reports to see how their performance was rated."

Luxottica's Working Together Series launches this fall

Luxottica Group is conducting a "Working Together Series" of dedicated day-long customer events in 10 U.S. cities this fall. Involving the Luxottica Retail, EyeMed and Luxottica Wholesale divisions, the events will include training seminars and panel discussions on managed care and business topics will be conducted by Luxottica's senior executives.

Among key messages will be promoting the benefits of more frequent eye exams and reinforcing and extending the company's direct-to-consumer advertising.

Company officials say despite the downturn in the economy, the business as a whole is holding steady, with some pressure on the retail business.

They note that customers are not trading up to more expensive lines at the levels seen in the past.

Given changes in the market, the company officials say it was time for Luxottica to reexamine the way it markets to professionals.

"This innovative series is an integral part of Luxottica's redefined business approach, joining with our customers to discuss valuable information and insights, and creating a professional community. This series also sets the tone for a new business model that offers superior servicing to our customers," said Pierre Fay, executive vice president, Luxottica Wholesale in an interview with *AOA News*. "After traveling the country talking with doctors, we determined the best way to meet their needs was a more personalized approach."

Fay said the move "redefines our customer approach. We're moving to a more personal venue that we believe represents the future of our company."

As a result, Luxottica did not exhibit at International Vision Expo West this year.

"Based on feedback we received in our 'Listen and Learn' discussions meeting personally with independent vision care providers across the country this spring," Fay added, "the new series provides the kind of information practitioners say they need and want right now, in this economic climate. Those meetings urged open dialogue and an exchange of ideas about growth opportunities. We need to reach out in a new way to the private practitioner."

Fay said the move "redefines our customer approach. We're moving to a more personal venue that we believe represents the future of our company."

Fay added that Luxottica will continue the series into the first part of 2010 and that the company plans to remain an exhibitor at International Vision Expo East in New York in March 2010.

The "Working Together Series" launched Sept. 9 in San Diego, with events scheduled across California and the West Coast, moving eastward throughout September and October. More than, 1,000 eye care professionals, together with their staffs, are expected to attend.

At the events' evening reception, attendees will have the opportunity to exclusively preview the new Spring/Summer 2010 collection.

"The areas of emphasis are managed care and the total patient experience," Fay added. "The series reinforces Luxottica's commitment to supporting independent practitioners and investing in the growth of quality eye care and eyewear for everyone."

Among plans agenda items at each session, ODs and their staffs will:

- Participate in seminars and panel discussions with Luxottica's senior executives
- Learn more about managed vision care, practice management and the patient's experience
- Exchange ideas and thoughts in an open dialogue
- Be among the first to preview Luxottica's new 2010 Spring collections

Topics will include:

- Advancing quality eye care and eyewear
- Increasing profits in a medically based practice
- Sun protection
- Optimizing patient visits through proven dispensing techniques

Vistakon names Riley vp of Professional Development

Vistakon®, Division of Johnson & Johnson Vision Care, Inc., announced it has named Colleen Riley, O.D., as vice president, Professional Development.

In this role, Dr. Riley will lead the company's continuing efforts to develop and implement strategies and programs that focus on professional and practice development for eye care professionals. She also will oversee all activities for The Vision Care Institute™, LLC, a Johnson & Johnson Company.

Dr. Riley brings 17 years of progressive experience as a practicing optometrist, academic instructor and clinical research strategist in corporate and clinical settings to the position.

As a key member of the Research and Development team for Johnson & Johnson Vision Care, Inc., she has played an integral role in all stages of product development for many of the company's products, developed new study designs and metrics to measure vision, health, and comfort, and has led the company's clinical claims organization.

"Colleen is a proven leader, well-recognized for her ability to drive research, innovation, and new product development not only within the organization, but among the eye care professionals who depend on the Acuvue® brand," said Dave Brown, president, Vistakon® Americas. "Her commitment to education and to building strong partnerships within the eye care community will allow Colleen to build on the legacy of the leaders who preceded her."

Dr. Riley joined Johnson & Johnson Vision Care in 2004 as assistant director, Research and Development, and has served in a number of other positions, most recently as director, Design Research and Development.

During her tenure at Vistakon®, she has been a leader and team member supporting the development of innovative products, such as Acuvue Oasys™ Brand Contact Lenses for Astigmatism, from product concept to product launch.

Dr. Riley

Dr. Riley is a member of the AOA and a Fellow and a Contact Lens Diplomate in the American Academy of Optometry.

In 2007, she was selected as one of the top 20 Most Influential Women in the Optical Industry.

Abbott Medical Optics

Alcon

Allergan

Bausch & Lomb

CIBA Vision Corporation

CooperVision

Essilor of America

Eyemaginations

HOYA Vision Care

Johnson & Johnson Vision Care, Inc

Kemin Health

Luxottica Group

Marchon Eyewear

Optos

Shamir

TLC Vision Corporation

Transitions Optical

VSP Vision Care

VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council℠ to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Shamir

We believe that it has never been more important for ODs to understand the technological advancements that have taken place with progressive lens technology, specifically Shamir technology. This understanding ultimately translates into a better overall patient experience.

It has always been our objective and priority to provide our customers with three key elements: cutting-edge progressive lens technology at any given time, superior customer care, and the best educational programs available for the optical market.

Since our founding in Israel in the 1970s, Shamir has introduced a wealth of progressive addition lenses (PALs) integrated with advanced technological design elements. All of our lens designs start with our patented EyePoint Technology®, a software program that simulates the movement of the human eye in every angle and distance, delivering lenses with uncompromised visual acuity. From our first breakthrough, Shamir Genesis™, which topped independent analyst studies, to one of our latest designs, Shamir Creation®, which recently won the OLA's Award of Excellence for Best Lens Design, EyePoint Technology® is "the design inside" each one of our lenses and what we believe puts Shamir lenses in a class all their own.

Most recently, however, the talk of the industry has been Shamir's ultimate design: our Freeform® lens known as Shamir Autograph®. Branded as "Your Personal Lifestyle Lens™," this family of individually back-surface designed lenses includes the patient's personal attributes in each lens, truly providing the most customized PAL on the market today. In 2008 we introduced Shamir Autograph II®, with two exciting new built-in technologies. As-Worn Technology™ fine tunes a patient's prescription by calculating three distinct measurements into the design (vertex distance, pantoscopic tilt and panoramic angle). FreeFrame Technology™ provides an even better visual experience by taking the patient's frame choice into account to adjust the design of the lens to match the frame fitting and height. Both As-Worn Technology™ and Freeframe Technology™ are advancements that only a true research and development company like Shamir can make, which we believe takes Freeform® lenses to the next level.

When it comes to the field, we're also making large advancements. We hire account executives who have strong optical backgrounds and put them through extensive training in both EyePoint Technology® and Shamir's Core Values (SCV).

With the help of our 300 partnering labs, we work together to raise industry awareness of progressive, occupational and specialized lenses.

We are proud of our industry-leading Freeform® Certification Program that educates eye care professionals like you with the technology used in the creation of our patient-specific line of premium progressive lenses.

To date, we have certified more than 5,000 participants in close to 1,500 practices. The industry is obviously eager to learn more about how their patients will benefit from Freeform®, and we are more than willing to assist.

In short, we strive every day to live up to our motto of ReCreating Perfect Vision®. It's a vision we share with you. The optical industry is constantly changing, and we would like nothing more than to assist you and your practice in understanding how to stay on top with technology.

Eyemaginations releases next generation software for ECPs

Eyemaginations, Inc. recently introduced Luma™, its new generation of patient education and practice enhancement software for eye care professionals.

Like its predecessor, 3D-Eye Office, Luma helps deliver the doctor's message throughout the entire practice, from waiting room, to the exam lanes, to the optical area.

It enables doctors to educate, explain conditions and offer solutions, clearly and persuasively.

"With Luma, doctors can provide compelling animations on relevant medical topics and treatment options."

With Luma, doctors can provide compelling animations on relevant medical topics and treatment options.

Patients can see, learn and better comprehend options before making decisions.

The Exam Advisor feature allows doctors to use an interactive feature to show the progression of conditions and pathologies so that patients can understand what can happen if the condition becomes more severe.

By use of the "point of view" tool, patients can get a true sense of how their vision will be affected by various conditions.

The draw-over-video technology gives doctors greater flexibility to further customize the presentation to the patient.

Other new features include an easy-to-use client interface and the Scheduler tool that enables the practice to turn the waiting room into a revenue driver by delivering customized presentations that focus idle patients on the most profitable products and procedures.

By use of the Scheduler, staff can slot specific topics into a weekly calendar to target certain groups of patients.

Also new to Luma is the Optical Advisor, which gives patients the understanding they need to consider premium lens products and add-ons.

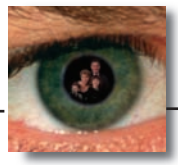
By seeing the benefit of premium lens options using compelling visual simulations including the "good, better, best" comparison, patients are better equipped to make the right purchasing decision.

"We have spent the last 10 years refining the patient experience by listening to our customers," said Jeff Peres, Eyemaginations president and chief executive officer. "The result is Luma. It has been designed with both the eye care practice and the patient in mind. It is easier to use, more intuitive, more practice-friendly and graphically more powerful than any other tool on the market today. Luma makes patient education engaging, simple, compelling and clear. It's what patients demand today."

Optometrists agree that Luma strengthens the relationship between patient and doctor.

"Using the Exam Advisor feature while I am consulting with patients has made the explanation of their diagnosis much easier and more thorough, and they walk away more knowledgeable about their condition and treatment options," said Michael Goldsmid, O.D., of San Diego, Calif. "The presentations leave a lasting impression with the patient that supports my recommendations."

For more information, visit *www.luma.eyemaginations.com* or call 877-321-5481.



Survey shows parents may hinder use of CLs in kids

Parents and children don't always see eye to eye when it comes to vision correction, according to a survey of parents of vision-corrected children 8-17 years old conducted by Fairfield Research among members of the *Good Housekeeping* Reader Advisory Panel on behalf of Acuvue® Brand Contact Lenses.

More than half (56 percent) of parents of children who have vision correction but who do not wear contact lenses say that their child is interested in wearing contacts; nearly one-third of these parents (31 percent) say they have never considered contact lenses for their child.

Another 27 percent say they have not given the matter serious consideration.

Parents of children who currently wear glasses say that their children dislike wearing glasses (42 percent), do not always wear them when they should (41 percent), and sometimes feel self-conscious when wearing them (40 percent).

Half (50 percent) say that their child would rather be wearing contact lenses.

So, why are some parents reluctant to let their children wear contacts?

Four out of 10 (40 percent) parents responding to the survey say that they are not comfortable with contact lenses for children.

Two factors contribute to parents' unwillingness to consider contacts: 77 percent think that glasses are easier to keep clean and take care of than contacts and half (54 percent) are concerned about their child's ability to take care of their contact lenses.

Forty-two percent of respondents, however, say they have no real worries about their child wearing contacts.

Two factors contribute to parents' unwillingness to consider contacts: 77 percent think that glasses are easier to keep clean and take care of than contacts and half are concerned about their child's ability to take care of their contact lenses.

"The growing body of research in children's vision correction continues to demonstrate that contact lenses provide collateral benefits to children beyond simply correcting their vision, and that concerns about contact lens problems in these age groups are largely unfounded," explains Illinois practitioner Mary Lou French, O.D. "Studies demonstrate that children who need refractive error correction are capable of wearing and caring for soft contact lenses and should be presented with the option of contact lens wear when vision correction is required." Two-thirds (66 percent) of survey respondents report that whatever their eye doctor recommends is the right choice for their child's vision correction.

However, a large majority of these parents (62 percent) believe that the choice for vision correction should correspond with what the child wants.

"Doctors will typically evaluate a child's maturity and level of parental support in deciding whether the child is ready for contact lenses," said Dr. French.

Among parents surveyed, the average starting age for contact lens wear is 13. However, parents believe that girls are ready to start wearing contact lenses at an earlier age than boys.

About one in five (18 percent) survey respondents with female children who currently wear glasses say that their child is extremely interested in contacts, compared to only 8 percent of respondents with male children.

"Research shows that for girls, in particular, a switch from glasses to contact lenses may result in improvement in self-perception," said Dr. French.

More than half of parents surveyed (54 percent) agree that glasses and contact lenses complement each other for part-time wear.

Overall, 41 percent of parents believe that contact lenses are a good occasional alternative to glasses for certain activities, with 75 percent of respondents stating that contacts are a better choice than glasses for playing sports.

One-fourth of respondents (24 percent) say that their child currently wears both glasses and contacts.

Other findings from the survey, which assessed attitudes and perceptions of parents as they relate to their children's vision care options, included the following:

- Top areas in which survey respondents believe that vision correction provides improvement for their child include academic performance (78 percent), confidence (58 percent) and self-esteem (51 percent).
- The majority of parents surveyed (85 percent) say they are at least "somewhat satisfied" with their child's vision correction at school.

However, only 63 percent are satisfied with their child's current vision correction for sports.

- About nine in 10 (88 percent) parents whose children wear contact lenses say that their child wears soft lenses. About half (48 percent) say that their child wears lenses that are worn daily and are replaced every one to two weeks. Another 40 percent say their child wears lenses that are worn daily and replaced monthly.

Additionally, 10 percent say their child wears single-use contact lenses that are worn once and then thrown away at the end of the day. Only 2 percent say their child wears hard/gas-permeable contact lenses.

Style meets function

Smith Optics bills itself as "synonymous with innovative, durable, bomb-proof products in the eyewear, goggle, and helmet markets." Shown is eyewear style Chemist in gray argyle. *www.smithoptics.com*

Italian designer Area showcases style "La Matta," characterised by arms enriched by details in acetate accompanied by big forms rich in geometric designs and precious inserts.

MEETINGS

October

SOUTH DAKOTA OPTOMETRIC SOCIETY
FALL CONVENTION
October 1-2, 2009
Rushmore Plaza Holiday Inn, Rapid City, South Dakota
Deb Mortenson
605/224-8199
FAX: 605/224-6047
Sdeyes3@pie.midco.net
www.sdeyes.org

MISSOURI OPTOMETRIC ASSOCIATION ANNUAL CONVENTION
October 1-4, 2009
Lodge of the Four Seasons, Lake Ozark, Missouri
Dr. Lee Ann Barrett
www.moeyecare.org
573/635-6151

HOMECOMING AND FALL CE WEEKEND
SOUTHERN COLLEGE OF OPTOMETRY
October 1-4, 2009
The Peabody Memphis & SCO Campus, Memphis, Tennessee
800/238-0180, ext. 4
ce@sco.edu or alumni@sco.edu
www.sco.edu/fallce09/

OHIO OPTOMETRIC ASSOCIATION
EASTWEST EYE CONFERENCE
October 1-4, 2009
Cleveland, Ohio
800/999-4939
info@ooa.org
www.eastwesteye.org

KANSAS OPTOMETRIC ASSOCIATION
FALL EYECARE CONFERENCE
October 2-4, 2009
Airport Hilton, Wichita, Kansas
785/232-0225
info@kansasoptometric.org
www.kansasoptometric.org

MOA LEGISLATIVE RECEPTION
MICHIGAN OPTOMETRIC ASSOCIATION
October 7, 2009
Lansing, Michigan
Cindy Schnetzler
517/482-0616
FAX: 517/482-1611
cindy@themoa.org
www.themoa.org

41ST ANNUAL FALL SEMINAR
MICHIGAN OPTOMETRIC ASSOCIATION
October 7-8, 2009
Lansing Center, Lansing, Michigan
Pam Steffy
517/482-0616
FAX: 517/482-1611
pam@themoa.org
www.michigan.aoa.org

2009 FALL SEMINAR
INDIANA OPTOMETRIC ASSOCIATION
October 7-8, 2009
Indiana University Memorial Union, Bloomington, Indiana
Bridget L. Sims
317/237-3560
FAX: 317/237-3564
blsims@ioa.org
www.ioa.org

ILLINOIS OPTOMETRIC ASSOCIATION
CONVENTION
October 8-11, 2009
Westin Northwest, Itasca, Illinois
Charlene Marsh
800/933-7289
ioabb@ioaweb.org

HUDSON VALLEY OPTOMETRIC SOCIETY FALL SEMINAR
Hudson Valley Optometric Society
October 9, 2009
West Point, New York
Joseph Accettura
845/561-0305
jaccettura@aol.com

NORTHWOODS EDUCATION EVENT WISCONSIN OPTOMETRIC ASSOCIATION
October 9-10, 2009
The Pointe Resort, Minocqua, Wisconsin
Joleen Breunig
800/678-5357
FAX: 608/824-2205
joleenwoaoffice@tds.net
www.woa-eyes.org

2009 THERAPY BY THE SEA CONVENTION
New Jersey Society of Optometric Physicians
October 9-11, 2009
Sheraton Atlantic City Convention Center Hotel, Atlantic City, New Jersey
609/323-4012
www.njsop.org

FALL CONFERENCE
VIRGINIA OPTOMETRIC ASSOCIATION
October 10-11, 2009
Wintergreen Resort, Wintergreen, VA voaeyedocs@aol.com
Bruce B. Keeney, Sr.
804/643-0309

NEI/FDA ENDPOINTS SYMPOSIUM: USE OF PATIENT-REPORTED OUTCOMES IN MEDICAL PRODUCT DEVELOPMENT
Association for Research in Vision and Ophthalmology
October 13, 2009
Lister Hill, National Institutes of Health, Bethesda, Maryland
Rhonda Williams
rwilliams@arvo.org
www.arvo.org/endpoints

COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT
39TH ANNUAL COVD MEETING
October 13-17, 2009
Marriott Denver Tech Center, Denver, Colorado
www.covd.org

IOWA OPTOMETRIC ASSOCIATION
2009 EDUCATION SEMINAR/HAWKEYE INSTITUTE
October 15-16, 2009
Waterloo, Iowa
Grace Kennedy
800/444-1772 or 515/222-5679
FAX: 515/222-9073

ARKANSAS OPTOMETRIC ASSOCIATION
2009 FALL CONVENTION
October 16-18, 2009
Hilton Memphis, Memphis, Tennessee
Vicki Farmer
501/661-7675
FAX: 501/373-0233
aropt@swbell.net
www.arkansasoptometric.org

NEBRASKA OPTOMETRIC ASSOCIATION
NOA Fall Conference
October 16-18, 2009
Kearney Convention Center, Kearney, Nebraska
402/474-7716
noa@assocoffice.net
http://nebraska.aoa.org/x13416.xml

OPTOMETRY ASSOCIATION OF LOUISIANA FALL CE CONFERENCE
October 17, 2009
Hilton Capitol Center Hotel, Baton Rouge, Louisiana
Dr. Jim Sandefur
318/335-0675
optla@bellsouth.net

GREAT WESTERN COUNCIL OF OPTOMETRY
GWCO 2009 Congress
October 22-25, 2009
Oregon Convention Center & Doubletree-Lloyd Center, Portland, Oregon
Martin L. Wangen, CAE
406/443-1160
FAX: 406/443-4614
mwangen@rmsmanagement.com
www.gwco.org

20TH ANNUAL EDUCATIONAL CONFERENCE
Fellowship of Christian Optometrists, International
October 23-25, 2009
Abe Martin Lodge, Brown County State Park, Nashville, Indiana
850/471-7674
foreknown@aol.com
www.fcoint.org/conference.html

SUNY-COLLEGE OF OPTOMETRY
8TH ANNUAL ENVISION NEW YORK
October 24-26, 2009
New York, New York
Matthew Platarote
212/938-5830
FAX: 212/938-5831
mplatarote@sunyopt.edu
www.sunyopt.edu

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org

November

OPTOMETRIC EXTENSION PROGRAM
THE ART & SCIENCE OF OPTOMETRIC CARE – A BEHAVIORAL PERSPECTIVE (OEP Clinical Curriculum)
November 5-9, 2009
Western University College of Optometry, Pomona, CA
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

OPTOMETRIC EXTENSION PROGRAM
VT/LEARNING RELATED VISUAL PROBLEMS (VT 2) (OEP Clinical Curriculum)
November 5-9, 2009
Grand Rapids, Michigan
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

MISSISSIPPI OPTOMETRIC ASSOCIATION
2009 FALL CONTINUING EDUCATION CONFERENCE & EXPOSITION
November 6-8, 2009
Hilton of Jackson, Mississippi
Linda Ross Aldy
601/853-4407
FAX: 601/853-4408
msoptometr@aol.com
www.mseyes.com

MASSACHUSETTS SOCIETY OF OPTOMETRISTS
FALL MEETING
November 8, 2009
Best Western Royal Plaza Hotel, Marlborough, Massachusetts
Richie Lawless
508/875-7900
FAX: 508/875-0010
www.massoptom.org

ANNUAL CONVENTION
HAWAII OPTOMETRIC ASSOCIATION
November 8-11, 2009
Mauna Lani Resort on the Island of Hawaii – "The Big Island"
Charlotte Nekota
808/537-5678
e-mail: hoaopt@earthlink.net

2009 ANNUAL CONGRESS
WEST VIRGINIA OPTOMETRIC ASSOCIATION
November 12-15, 2009
Charleston Town Center Marriott, Charleston, West Virginia
304/720-8262
www.wvoa.com

PRIMARY CARE SYMPOSIUM
WISCONSIN OPTOMETRIC ASSOCIATION
November 13-14, 2009
Ramada, Stevens Point, Wisconsin
Joleen Breunig
800/678-5357
FAX: 608/824-2205
joleenwoaoffice@tds.net
www.woa-eyes.org

AMERICAN ACADEMY OF OPTOMETRY
November 11-14, 2009
Academy 2009 Orlando
Orlando, Florida
Orlando World Center - Marriott
www.aaopt.org

FALL EDUCATION CONGRESS AND VISION EXPOSITION
NORTH CAROLINA STATE OPTOMETRIC SOCIETY
November 13-15, 2009
Grove Park Inn, Asheville, North Carolina
Sue Gardner or Roxanne Webb
252/237-6197
FAX: 252/237-9233
nceyecare@aol.com

2009 ANNUAL CONFERENCE
VOSH/INTERNATIONAL
November 15, 2009
Spring Hills Suites, Orlando, Florida
Harry I. Zeltzer, OD, DOS, FAAO
978/356-0447
voshinternational@comcast.net
www.vosh.org

PHILADELPHIA COUNTY OPTOMETRIC SOCIETY & KEYSTONE EYE GROUP
Diurnal Pressure Control for Glaucoma Patients & Surgical Lesions of the Eyelids with Cosmetic Update
November 18, 2009
Tiffany Diner, 9010 Roosevelt Blvd., Philadelphia, PA 19115
Richard H. Sterling, O.D.
267/474-3190
Rster9737@comcast.net
www.philaoptometry.org

MONTEREY SYMPOSIUM
November 20-22, 2009
www.montereysymposium.com

December

OPTOMETRIC EXTENSION PROGRAM
VT/VISUAL DYSFUNCTIONS (OEP CLINICAL CURRICULUM)
December 2-6, 2009
Phoenix, Arizona
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

MAINE OPTOMETRIC ASSOCIATION
DECEMBER "ANNUAL" CONFERENCE
December 4-6, 2009
Holiday Inn by the Bay, Portland, Maine
Joann Gagne
207/626-9920
www.MaineEyeDoctors.com

CLINICAL TRIALS EDUCATION SERIES: PRINCIPLES AND CONCEPTS IN CLINICAL TRIALS FOR EYE RESEARCHERS
Association for Research in Vision and Ophthalmology
December 17-19, 2009
Baltimore, Maryland
Jot Grammer
jgrammer@arvo.org
www.arvo.org/ctes

Optometrist

The Section of Ophthalmology at Dartmouth-Hitchcock Medical Center is seeking a comprehensive Optometrist to join a dynamic and dedicated team of ophthalmologists and optometrists in a state-of-the-art, multi-disciplinary setting in a teaching medical center in Lebanon, New Hampshire. The successful applicant will provide comprehensive optometric care including contact lenses. This position also includes a faculty appointment at Dartmouth Medical School. Qualified candidates should have a doctorate in optometry (O.D.) and residency training or 3-5 years of experience in comprehensive optometry. Eligibility for licensure in the state of New Hampshire is required. We offer a competitive salary, a generous continuing education allowance, ample vacation time, health care benefits, malpractice insurance and a savings plan.

Interested applicants should submit a letter of intent and current CV electronically to:

Peter G. Lapre, O.D.
Chair, Optometric Search
Section of Ophthalmology
Dartmouth-Hitchcock Medical Center
One Medical Center Drive, Lebanon, NH 03756
E-mail: Peter.G.Lapre@hitchcock.org

Dartmouth-Hitchcock
MEDICAL CENTER

Dartmouth-Hitchcock Clinic is an affirmative action/equal opportunity employer and is especially interested in identifying female and minority candidates.

www.DHMC.org

State University of New York
State College of Optometry

VICE PRESIDENT FOR STUDENT AFFAIRS

The State University of New York College of Optometry seeks an accomplished professional to serve as Vice President for Student Affairs, with leadership responsibility to develop, administer and continuously improve student programs and services, including, but not limited to, Recruitment Services, Orientation, Admissions, Registration and Records, Financial Aid, Student Life, Academic and Personal Counseling, Housing Assistance and Career Services. The successful candidate will demonstrate effectiveness in strategic planning and in working collaboratively with other administrators, staff, students and faculty in a diverse environment. The Vice President reports directly to the President and is a member of the President's Council.

A Master's degree is required; Doctorate preferred. Successful candidates must possess a minimum of five years of strong leadership and managerial experience in the field of student affairs at a college or university; extensive experience managing budgets, personnel and strategic planning processes; a strong communication (verbal and written) and collaborative style in working with internal and external constituencies; a sophisticated understanding of enrollment strategies, marketing, and research; strong analytic and planning skills; and experience with Web-based and other technologies used to support student services programs and operations.

The SUNY College of Optometry is located in the heart of New York City at 33 West 42nd Street, opposite the historic New York Public Library and beautiful Bryant Park. The State University of New York State College of Optometry, founded in 1971, is dedicated to the education of optometrists, to the advancement of eye and vision care through research and graduate education, and to the care of communities through the provision of comprehensive visual health services.

Please send cover letter, résumé, and names and contact information of three professional references to: **Mr. Douglas Schading, Director of Personnel, SUNY College of Optometry, 33 West 42nd Street, New York, New York 10036, fax 212-938-5677** or email **dschading@sunyopt.edu Application Deadline:** Friday, December 4, 2009.

The State University of New York State College of Optometry is an Affirmative Action, Equal Opportunity Employer.

Pack your clubs and ride the wave with the SCOA!

Visit Myrtle Beach, SC
Register for the 102nd SCOA Annual Meeting
December 10 - 13 2009
Marriott Grande Dunes Hotel
For reservations call 800-644-2881
• 21 hours of CE • Exhibit hall Friday & Saturday

Speakers will include:
Dr. Paul Ajamian, Dr. Jim Thimons, Dr. John McGreal, Dr. Jerry Sherman, Dr. Kim Reed and Dr. Keith Riddle.

Golf at The Myrtlewood - Palmetto Gold Course on Saturday, December 12th.

For more information, email **scoa@capconsc.com** or toll free at **877-799-6721.**

South Carolina Optometric Association
www.sceyedoctors.com

Florida Optometric Association

In Conjunction with Nova Southeastern University College of Optometry

Date: November 21-22, 2009

2009 Florida Eye Symposium

Place: Quorum Hotel Tampa

12 hours of CE (All TQ)
Speakers to include:
Yin C. Tea, O.D., F.A.A.O., Nicole A. Patterson, O.D., F.A.A.O. & Albert D. Woods, O.D., F.A.A.O.

Register before October 19th to get early registration rate

To register, go to www.floridaeyes.org or contact Kellie Webb at 800-399-2334 or email Kellie@floridaeyes.org

For hotel reservations, please call 877-478-6786
Cut off date for special room rate of $99/night is October 19, 2009

American Optometric Association
NEWS

To Advertise Contact Your
Recruitment Sales Representative:

Traci Peppers
telephone: 212.633.3766
e-mail: t.peppers@elsevier.com

Visit us online for rate information for this and other Elsevier health science titles
www.elsmediakits.com

Western University of Health Sciences

The discipline of learning. The art of caring.

COLLEGE OF OPTOMETRY

Western University of Health Sciences, a thriving center for health care and veterinary education in Pomona, California, is headquarters to nine colleges – Optometry, Dental Medicine, Podiatric Medicine, Graduate Biomedical Sciences, Allied Health, Graduate Nursing, Osteopathic Medicine, Pharmacy, and Veterinary Medicine. The University values a diverse community and is committed to unparalleled excellence in its faculty, staff and students (www.westernu.edu).

The Western University College of Optometry seeks applicants for didactic and clinical faculty with a variety of interests to participate in the development and implementation of its curriculum. Candidates should have a record of distinguished academic accomplishments and a passion for excellence in teaching, scholarship, service, leadership, and/or patient care, as applicable.

Candidates with interest, experience, and expertise in all areas of optometric education will be considered. Applicants with teaching experience in Ocular Physiology, Vision Science, Optometric Theory and Methods, and Principles and Practice of Behavioral Optometry are specifically sought. Specific job descriptions will vary with the expertise and inclinations of each successful candidate and may include a combination of teaching, scholarly, and patient care opportunities.

Faculty rank will be commensurate with experience and expectations of future accomplishments. Salary and benefits are competitive. For clinical faculty, requirements include a license to practice optometry in the state of California or the ability to obtain such license within one year of appointment.

Applicants should submit the following electronically to **Daniel Kurtz, PhD, OD, Associate Dean of Academic Affairs, to dkurtz@westernu.edu**

- Cover letter explaining how the applicant's background meets the requirements for a faculty position including examples of teaching experience, philosophy, and goals.
- Current curriculum vita

Positions will remain open until filled.

Western University of Health Sciences is an equal opportunity employer.

AEA Optometric Cruise Seminars 2010

Western Caribbean, 2/13-2/20/10, *Crown Princess®*. Ft. Lauderdale, Grand Cayman, Roatan, Cozumel, Princess Cays, Ft. Lauderdale. ~**President's Day**~ **From $919pp**. ~ **Valentine's Day** ~

Panama Canal Adventurer, 2/18-2/28/10, *Island Princess®*. Ft. Lauderdale, Ocho Rios, Panama Canal, Panama City, Puterenas, San Juan del Sur, Puerto Quetzal, Huatulco, Acapulco. **From $1619pp**.

South America, 2/18-3/2/2010, *Star Princess®*. Buenos Aires, Montevideo, Falkland Islands, Cape Horn, Ushuaia, Punta Arenas, Puerto Montt, Santiago (Valparaiso). **From $1495pp.** Speaker: Louise Sclafani, O.D.

Southern Caribbean Explorer, 2/28-3/7/10, *Caribbean Princess®*. San Juan, Aruba, Bonaire, Dominica, St. Thomas, San Juan. **From $769pp**. Speakers: Kelly Nichols, O.D. & Jason Nichols, O.D.

Eastern Caribbean, 3/13-3/20/10, *Holland America's ms Eurodam®* with its new innovative dining and spa options. Ft. Lauderdale, Grand Turk & Caicos, San Juan, St. Thomas, Half Moon Cay, Ft. Lauderdale. **From $699pp**. ~ **Spring Break** ~

Scandinavia & Russia, 7/1-7/11/10, *Star Princess®*. Copenhagen, Stockholm, Helsinki, 2 day St Petersburg experience, Tallinn, Gdansk, Oslo, Copenhagen. **From $1490pp**. ~ **4th of July** ~ Speaker: Leo Semes, O.D.

Alaska (Inside Passage), 7/17-7/24/10, *Golden Princess®*. Seattle, Juneau, Skagway, Tracy Arm, Ketchikan, Victoria, Seattle. **From $949pp.** ~**Ohio State University Alumni Cruise**~ (all are welcome). Speaker: Barbara Fink, OD.

Europe's Heartland River Cruise, 7/26-8/2/10, AMA Waterways *ms Amacello®*. Trier, Bernkastel, Zell, Cochem, Koblenz, Rhine Valley, Rudesheim, Mainz, Miltenberg, Wertheim, Wurzburg, Bamberg, Nuremberg. **Optional 3-night pre-cruise stay in Paris and/or a 2-night post cruise stay in Prague**. Cruise fare INCLUDES wines w/ dinner and shore excursions! **From $2399pp** (cruise only). Speaker: Robert Wooldridge, O.D.

Greek Isles, 9/8-9/15/10, *Ocean Princess®*. Athens (Piraeus), Mykonos, Kusadasi (Ephesus), Santorini, Cephalonia (Argostoli), Itea (Delphi), Rome (Civitavecchia). **From $1219pp**. Speaker: Paul Karpecki, O.D.

Canada/New England, 9/16-9/29/10, Holland America *ms Eurodam®*. Quebec City, Saguenay, Saguenay Fjord, Charlottetown, Sydney, Halifax, Bar Harbor, Gloucester, Newport, New York. From **$1499pp**.

Early booking discounts or regional promotions may apply. Call for lowest current price.
Fares are cruise only, per person, USD, based on double occupancy, capacity controlled and subject to availability. Government fees and taxes, fuel supplement are additional.
Visit cruise line websites for terms, conditions, and definitions which will apply to all bookings.

AEA Cruises: Dr. Mark Rosanova, President

More than a travel agent, your colleague & innovative partner in Cruise Seminars since 1995.
Sponsored by the Illinois Optometric Association and Advanced Eyecare Associates
10-12 hours of COPE approved lectures per seminar

Visit us at www.OptometricCruiseSeminars.com, email aeacruises@aol.com or call us at **1-888-638-6009**

Visit the AOA Web site at www.aoa.org

Tuba City Regional Health Care Corporation
P.O. Box 600
Tuba City, AZ 86045

Tuba City Regional Health Care Corporation (TCRHCC) is seeking an **optometrist** to work in a stimulating, interdisciplinary, hospital environment providing primary optometric eye care with a large degree of ocular disease and trauma. Optometrists at TCRHCC are fully-credentialed, independent practitioners of the medical staff. The current department staff includes four optometrists and one ophthalmologist.

Located 60 miles north of Flagstaff, Arizona, TCRHCC Hospital is a 75 bed referral center within the Navajo Reservation. TCRHCC provides health care to Native Americans. The vast majority of patients are either of the Navajo or Hopi tribes.

Attractions within a day's drive of Tuba City include Grand Canyon, Bryce and Zion National Parks, the San Francisco Peaks, Lake Powell, Monument Valley, Sedona, Phoenix, Telluride, CO and Las Vegas, NV. Popular recreational activities include biking, camping, hunting, fishing, rafting, downhill and cross-country skiing.

Requirements

- Doctor of Optometry from an accredited optometry program
- Proficient in the diagnosis and mgnt. of ocular disease
- Completion of an accredited residency or 5 years experience
- Priority given to residency trained optometrists

Contact
Larry E. Richardson, O.D., F.A.A.O.
Chief of Eye Care Services
Tuba City Regional Health Care Corporation
(928) 283-2749
Larry.Richardson@tchealth.org

CLASSIFIEDS

Professional Opportunities

ALL STATES – PRACTICES FOR SALE and 100% FINANCING plus Working Capital. 30 years of professional experience. Large Database of Buyers/Sellers. Confidentiality Maintained. Pre-qualified Buyers. Free Valuation and internet advertising for Sellers. Call ProMed Financial, Inc. 888-277-6633. Visit www.promed-financial.com.

BUCKLEY AFB, COLORADO. Growing Optometry practice has an opening for an experienced Optometrist. Proficient and exceptional clinical skills as well as pleasant chair side demeanor needed. Dynamic established professional practice with tremendous growth potential. Please call Dr. Marcus Meyer @ 719-229-2020.

CENTRAL PENNSYLVANIA. Well-established practice for sale due to retirement planning. Excellent opportunity for young energetic optometrist. Call 717 892 6761.

Danville VA, Large practice needs associate/partner. Email resume with cover letter to drmbbauman@comcast.net

FOR SALE: PRIVATE OPTOMETRIC PRACTICE, GREAT OPPORTUNITY, OWNER RETIRING, **NORTHWEST GEORGIA** LOCATION, CALL 770-748-5651

"INDEPENDENT" Practice *Central Maine *Appraised Value $570,000.00 *Call Practice Broker Richard S. Kattouf, O.D., D.O.S. 1-800-745-EYES

Optometrist wanted by Optometry/Eye Care Office (Downers Grove, IL). Recognize/diagnose systemic diseases that affect eye; (co-)manage these diseases w/staff in providing comprehensive approach to optometrical care. Reqrd: Doctorate in Optometry w/valid Optometrist License in IL. Mail resumes to Dr. Todd Robert, President, Eye Care Associates of Northern IL, 3800 Highland Ave., Downers Grove, IL 60615. Ref# 108300639C. No calls. Job applicants only

INDIANA: Residency trained or opthalmic disease experienced optometrist for busy medical/surgical referral practice. Contact Jim Hunter at 317-925-2200 or fax resume to 317-921-6614.

Northeast Connecticut: Well-established Practice for sale due to retirement. 4512 sq Ft Colonial w/8 room professional office, one 6 room, 2 bed/2.5bath unit, one 3 room, 1 bed/1bath Unit on .57 acres. Garage and large paved lot. Building, optometric business and trade fixtures for $410,000. Excellent opportunity for young optometrist. 860-779-1290.

PRIVATE PRACTICES FOR SALE/ SELLERS NEEDED FOR BUYERS SEEKING PRIVATE PRACTICES in Ohio, New York and Florida. Contact Sandra Kennedy at National Practice Brokers (800) 201-3585.

RYE BROOK, NY – Large, well-established practice for sale by husband and wife optometrists planning retirement. 3600 square foot office with two full-time opticians and four assistants. Call 914 939-0830 or e-mail Arthur Copeland, O.D. at JudyArt @aol.com

Virginia, Roanoke Metro Area Optometrist F/T, top salary and benefits. Recent grads welcome to apply. Please call 732-502-0071

Miscellaneous

DO YOU WANT MORE VISION THERAPY PATIENTS? Are you tired of seeing patients walk out the door without getting the care that they need? Why wait until another patient says "If insurance doesn't cover it…?" Call today and find out how to ensure patients follow through with vision therapy regardless of insurance coverage. Expansion Consultants, Inc.: Specialists in consulting VT practices since 1988. Call toll free 877/248-3823, ask for Toni Bristol.

I NEED FRAMES, temples, bridges stamped 1/10th 12kG.F. (gold filled). New, old stock, or Used. Full, Semi, or Rimless styles. Contact GF Specialties, Ltd. 800/351-6926.

Maximize your profits by adding VT to your practice. OEP Clinical Curriculum Courses are the answer. Call 800 447 0370

vision2020online.com. The NEW way to manage your practice. No software to purchase. No setup fees. Pay-as-you-go online service. Build from the ground up as an online POS and Practice Management for the optometrist selling eyeglasses and contacts from one or several locations. Call us today for a free online demo. For more information please visit us at: vision2020online.com. Yossi Shoham: (800) 601-1455.

VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!! How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC(International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life. Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. Information about IMEC is available at www.imecamerica. The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes. This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to:
VOSH INTERNATIONAL
C/O VOSH FL
3701 SE 66th Street
Ocala, FL 34480
Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email jaforey@comcast.net and voshinternational@comcast.net.

Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are are as follows: 1 column inch = $65 (40 words maximum) 2 column inches - $115 (80 words maximum) 3 column inches = $155 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Traci Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

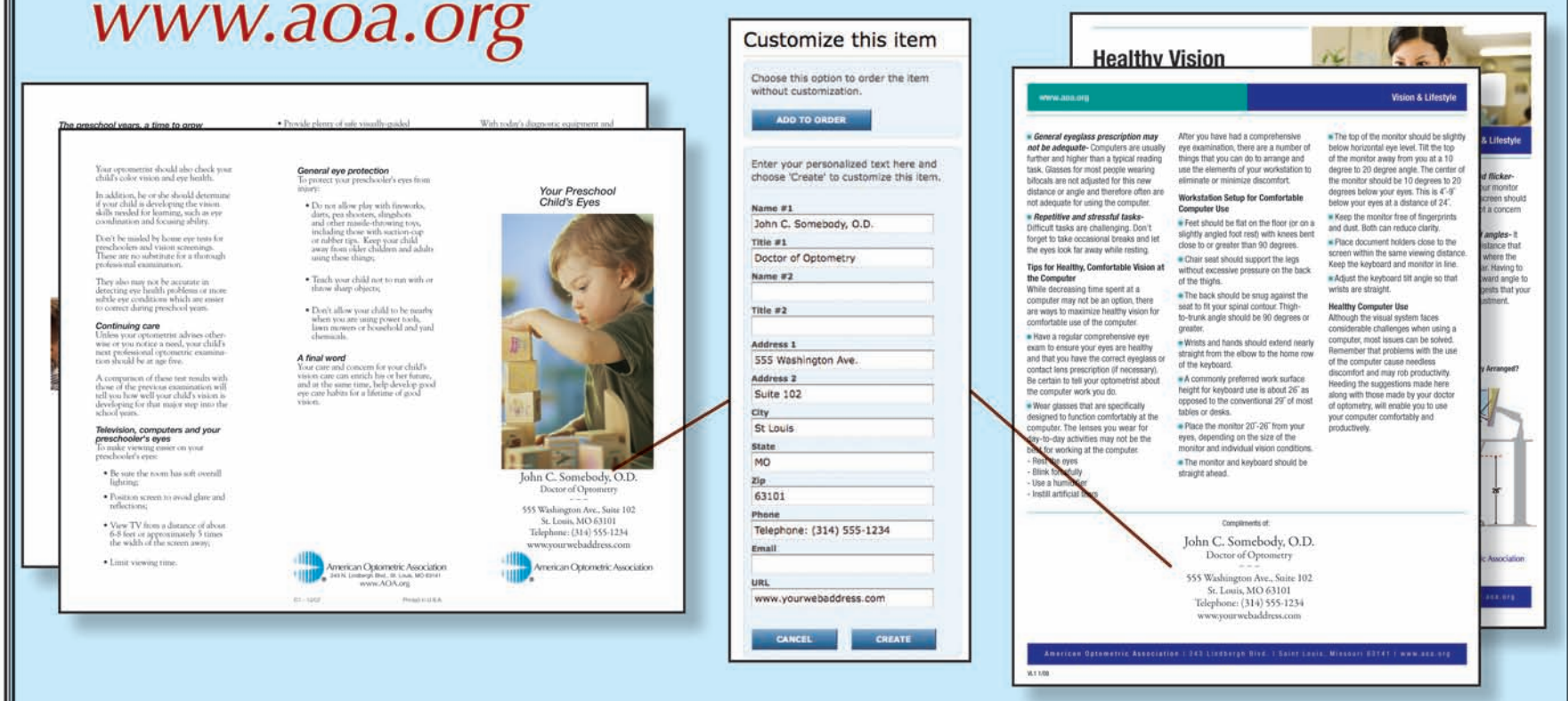
Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers - Elsevier ad sales contact - at 212.633.3766 for advertising rates for all classifieds and showcase ads.

American Optometric Association®

Online Store Now Open!

Order PERSONALIZED Brochures and Fact Sheets at the AOA Online Store!

www.aoa.org



Also Available Online... (more items coming soon)

Go to: www.aoa.org and follow the link to the AOA Online Store...

If you have an AOA member ID number, please log in with the following information:

Username: your six-digit AOA member ID

Password: your six-digit birthday (MMDDYY)

If you do not know your six-digit member number, call the AOA at (800) 365-2219 between the hours of 8 a.m. and 5:00 p.m. CT, Monday through Friday or send an email to logon@aoa.org.

Give your silicone hydrogel patients an

Extra Hour of Comfort

with CLEAR CARE.®[1]

In a clinical study, silicone hydrogel lens wearers using Clear Care enjoyed, on average, **one extra hour of comfortable wear time** compared to when they used OPTI-FREE® RepleniSH.®[1]

The **comfortable** solution

- Clear Care is clinically proven #1 for comfort.[2,3]

The **gentle*** solution

- No MPS preservatives — gentle on the eyes.
- The lowest levels of solution-induced corneal staining with silicone hydrogel lenses.[4]

The **powerful** solution

- Powerful hydrogen peroxide kills germs and bacteria that can cause eye infections.

The **easy** solution

- 3 easy steps for patients to follow.
- Multi-purpose solution users say Clear Care is easy to use.[5]

Upgrade your silicone hydrogel patients to Clear Care today.

The powerful clean WITH A *gentle touch**

For more information, visit **clearcaresolution.com** or call **1-800-241-5999.**

*When used as directed.

References: 1. CIBA VISION® data on file, 2008. On average vs. OPTI-FREE® RepleniSH.® 2. CIBA VISION data on file, 2006. According to subjective ratings given by silicone hydrogel lens wearers in a clinical study comparing Clear Care to OPTI-FREE RepleniSH, OPTI-FREE® EXPRESS,® COMPLETE® MoisturePLUS,™ and ReNu MultiPlus® as a group. 3. Dillehay SM, McCarter HE, et al. A comparison of multi-purpose care systems. *Contact Lens Spectrum.* 2002; April: 30-36. 4. Carnt N, Willcox MDP, Evans V, Naduvilath TJ, Tilia D, et al. Corneal staining: the IER matrix study. *Contact Lens Spectrum.* 2007; 22(9):38-43. 5. CIBA VISION data on file, 2006.

cibavision.com

CIBA VISION™

Shared Passion for Healthy Vision and Better Life